

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-233533

Date Filed
1-3-2019

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 SCL Health, St. James Medical Group, Rocky Mountain Clinic		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 435 S. Crystal Street, Ste 300 MT Butte 59701	
3a. Employer Representative - Name and Title Heidi Saunders		3b. Address (If same as 2b - state same) PO Box 35200 MT Billings 59107-5200	
3c. Tel. No. (406) 237-3158	3d. Cell No. (406) 672-6213	3e. Fax No. (406) 237-3175	3f. E-Mail Address heidi.saunders@scshealth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service healthcare clinic(s)	
5a. City and State where unit is located: Butte, MT			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 12
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

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
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): asap	11c. Election Time(s): as agreed	11d. Election Location(s): Butte, Montana
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12a. Full Name of Petitioner (including local name and number). Robin Haux Montana Nurses Association	12b. Address (street and number, city, state, and ZIP code) 20 Old Montana State Hwy MT Clancy 59634-4276
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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)
Montana Nurses Association, AFT-Nurses and Health Professionals, AFL-CIO

12d. Tel No. (406) 442-6710	12e. Cell No. (406) 431-5934	12f. Fax No. (406) 442-1841	12g. E-Mail Address robin@mntnurses.org
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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 Karl Englund N/A		13b. Address (street and number, city, state, and ZIP code) PO Box 8358 MT Missoula 59807-8358	
13c. Tel No. (406) 721-2729	13d. Cell No.	13e. Fax No.	13f. E-Mail Address karljenglund@aol.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) Robin Haux	Signature Robin Haux	Title Labor Program Director	Date 01/2/2019 20:47:41
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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

Employees Included
registered nurses (RNs)

Employees Excluded
managerial, supervisors, confidential employees

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
19-RC-233533	1-3-2019

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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Case No.

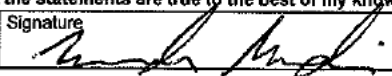
19-RC-233706

Date Filed

1-7-19

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: Masami Foods, INC.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5222 Tingley Lane Klamath Falls, OR 97603	
3a. Employer Representative - Name and Title: Fukuo Fujimoto, President and CEO Masamichi Kishiku, General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (541) 884-1735	3d. Cell No.	3e. Fax No. (541) 884-8166	3f. E-Mail Address kishiku@masami-foods.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Meat processing plant		4b. Principal Product or Service Pork and Beef	
5b. Description of Unit Involved: Included: See attached, Appendix A Excluded: See attached, Appendix B		5a. City and State where unit is located: Klamath Falls, OR	
		6a. Number of Employees in Unit: 100	
		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 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 1/24/19		11c. Election Time(s): 9am-11am, 12pm-2:30pm	
		11d. Election Location(s): Packaging break room next to the parking lot	
12a. Full Name of Petitioner (including local name and number): United Food and Commercial Workers International Union, Local 555		12b. Address (street and number, city, State and ZIP code): 7095 SW Sandburg Street. Tigard, OR. 97223	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers International Union, AFL-CIO, CLC			
12d. Tel. No. (503) 684-2822	12e. Cell No. (202) 834-9224	12f. Fax No. (503) 620-3816	12g. E-Mail Address bmedina@ufcw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Brenda Medina, Organizer		13b. Address (street and number, city, State and ZIP code): 16400 Southcenter Parkway, Suite 300 Tukwila, WA 98188	
13c. Tel. No.	13d. Cell No. (202) 834-9224	13e. Fax No.	13f. E-Mail Address bmedina@ufcw.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) Brenda Medina		Signature 	Title Organizer
			Date 01/07/19

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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Appendix A

Included:

All full time and regular part time hourly employees in the following departments: Boning Room, Boxing, Clean Up, Environment, Barn, Kill Floor, Maintenance, Packaging, QSST (Supply Room), and Shipping employed by the Employer at its Klamath Falls, OR facility.

Appendix B

Excluded:

All quality control employees, temporary employees, contract employees, office clerical employees, managerial employees, professional employees, all other employees, guards, assistant supervisors 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. 19-RC-233741

Date Filed
1/8/2019

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: Cadman (Rock) Inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 19221 High Rock Road, Monroe, WA 98272
3a. Employer Representative - Name and Title: Mark Epstein, Labor Relations Manager	3b. Address (if same as 2b - state same): P.O. Box 639069, San Diego, CA 92163-9069

3c. Tel. No. 858-715-5683	3d. Cell No. 951-240-9146	3e. Fax No. 858-715-5687	3f. E-Mail Address mark.epstein@lehighhanson
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Sand and Gravel Plant and Rock Quarry Mine		4b. Principal Product or Service Sand and Gravel	5a. City and State where unit is located: Monroe, Washington

5b. Description of Unit Involved: Included: All full time and regular part time Off-road Haul Truck employees in Snohomish Co. Excluded: All other employees, and guards and supervisors as defined by the act.	6a. Number 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 12/21/2018 and Employer declined recognition on or about (Date) 01/03/2019 (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 and 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):	11c. Election Time(s):	11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 302	12b. Address (street and number, city, State and ZIP code): 18701 120th AVE NE, Bothell, WA 98011
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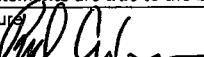
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union of Operating Engineers

12d. Tel. No. 425-806-0302 ext119	12e. Cell No. 206-251-5893	12f. Fax No. 425-806-0901	12g. E-Mail Address rcunningham@iuoe302.org
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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: Rick Cunningham, Field Representative	13b. Address (street and number, city, State and ZIP code): 18701 120th AVE NE, Bothell, WA 98011

13c. Tel. No. 425-806-0302 ext119	13d. Cell No. 206-251-5893	13e. Fax No. 425-806-0901	13f. E-Mail Address rcunningham@iuoe302.org
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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) Rick Cunningham	Signature 	Title Field Representative	Date 01/07/19
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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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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
AMENDED RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

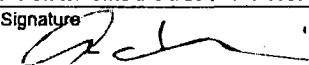
19-RC-234135

Date Filed 1/15/19

Amd: 1/18/19

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: Kindred Healthcare, Inc. operating as CHI Franciscan Rehabilitation Hospital		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 815 South Vassault Street, Tacoma, WA 98465	
3a. Employer Representative - Name and Title: Greg Jackson, CEO		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (253) 444-3320	3d. Cell No.	3e. Fax No.	3f. E-Mail Address greg.jackson@chifranciscanrehab.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal Product or Service Health care services	5a. City and State where unit is located: Tacoma, WA
5b. Description of Unit Involved: Included: All Staff Registered Nurses Excluded: Managers, supervisors, and all other employees			6a. Number 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? <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) <u>January 15, 2019</u> and Employer declined recognition on or about (Date) <u>no reply received</u> (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> <input checked="" type="checkbox"/> 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): as soon as possible		11c. Election Time(s): 0630-0800 and 1830-2000	11d. Election Location(s): 815 S Vassault St, Tacoma, WA 98465
12a. Full Name of Petitioner (including local name and number): Washington State Nurses Association		12b. Address (street and number, city, State and ZIP code): 575 Andover Park West, Ste 101, Seattle, WA 98188	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of Teachers			
12d. Tel. No. (206) 575-7979	12e. Cell No.	12f. Fax No. (206) 575-1908	12g. E-Mail Address APiazza@wsna.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Anne Tan Piazza, Acting Director of Labor		13b. Address (street and number, city, State and ZIP code): 575 Andover Park West, Ste 101, Seattle, WA 98188	
13c. Tel. No. (206) 575-7979 x 3006	13d. Cell No.	13e. Fax No. (206) 575-1908	13f. E-Mail Address APiazza@wsna.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) Anne Tan Piazza		Signature 	Title Acting Director of Labor
			Date 1/17/2019

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NATIONAL LABOR RELATIONS BOARD
RC PETITION

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Case No.

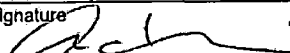
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2a. Name of Employer: CHI Franciscan Rehabilitation Hospital		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 815 South Vassault Street, Tacoma, WA 98465	
3a. Employer Representative - Name and Title: Greg Jackson, CEO		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (253) 444-3320	3d. Cell No.	3e. Fax No.	3f. E-Mail Address greg.jackson@chifranciscanrehab.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Hospital		4b. Principal Product or Service Health care services	5a. City and State where unit is located: Tacoma, WA
5b. Description of Unit Involved: Included: All Staff Registered Nurses Excluded: Managers, supervisors, and all other employees			6a. Number 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? <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) <u>January 15, 2019</u> and Employer declined recognition on or about (Date) <u>no reply received</u> (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:	
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			10d. Cell No.
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11b. Election Date(s): as soon as possible		11c. Election Time(s): 0630-0800 and 1830-2000	
		11d. Election Location(s): 815 S Vassault St, Tacoma, WA 98465	
12a. Full Name of Petitioner (including local name and number): Washington State Nurses Association		12b. Address (street and number, city, State and ZIP code): 575 Andover Park West, Ste 101, Seattle, WA 98188	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of Teachers			
12d. Tel. No. (206) 575-7979	12e. Cell No.	12f. Fax No. (206) 575-1908	12g. E-Mail Address APiazza@wsna.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Anne Tan Piazza, Acting Director of Labor		13b. Address (street and number, city, State and ZIP code): 575 Andover Park West, Ste 101, Seattle, WA 98188	
13c. Tel. No. (206) 575-7979 x 3006	13d. Cell No.	13e. Fax No. (206) 575-1908	13f. E-Mail Address APiazza@wsna.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) Anne Tan Piazza		Signature 	Title Acting Director of Labor
			Date 1/15/2019

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-234351

Date Filed
1-18-2019

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 Watts Mueller		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2323 E Pioneer Ste A WA Puyallup 98372-3502	
3a. Employer Representative - Name and Title Dave Dunham		3b. Address (If same as 2b - state same) 2323 E Pioneer Ste A WA Puyallup 98372-3502	
3c. Tel. No. (253) 848-9288	3d. Cell No.	3e. Fax No. (253) 848-9295	3f. E-Mail Address ddunham@watts-specialties.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Misc. Fabricated Products		4b. Principal product or service Pipe cutting machines	5a. City and State where unit is located: Puyallup, WA

5b. Description of Unit Involved		6a. No. of Employees in Unit: 14
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

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
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): February 5, 2019
11c. Election Time(s): 6 am
11d. Election Location(s): The Employer's Puyallup facility.

12a. Full Name of Petitioner (including local name and number)
Kai Rohde
International Association of Sheet Metal, Air, Rail, and Transportation Workers, Local 66

12b. Address (street and number, city, state, and ZIP code)
11831 Beverly Park Rd Bldg B2
WA Everett 98204-3526

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Sheet Metal, Air, Rail, and Transportation Workers

12d. Tel No. (425) 493-5900	12e. Cell No.	12f. Fax No. (425) 493-5901	12g. E-Mail Address kalr@smw66.org
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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 Daniel Hutzenbiler Attorney McKanna Bishop Joffe	13b. Address (street and number, city, state, and ZIP code) 1635 NW Johnson St OR Portland 97209-2310
13c. Tel No. (503) 226-6111	13d. Cell No.
13e. Fax No. (503) 226-6121	13f. E-Mail Address dhutzenbiler@mbjlaw.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) Daniel Hutzenbiler	Signature Daniel Hutzenbiler	Title Attorney	Date 01/18/2019 11:18:44
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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 19-RC-234351	Date Filed 1-18-2019

Employees Included

All full-time and regular part-time pipe cutting machine fabricators.

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-234472

Date Filed
1-22-2019

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 SCL Health, St. James Medical Group, Rocky Mountain Clinic		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) PO Box 35200 MT Billings 59107-5200	
3a. Employer Representative - Name and Title Heidi Saunders		3b. Address (If same as 2b - state same) 400 S. Clark MT Butte 59701-	
3c. Tel. No. (406) 237-3158	3d. Cell No.	3e. Fax No.	3f. E-Mail Address heidi.saunders@sclhealth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities		4b. Principal product or service Primary Health Care	
5a. City and State where unit is located: Butte, MT			
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: 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: ☒ 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
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): 1/28/19 - 2/1/19
11c. Election Time(s): 8am, 12pm, 5pm
11d. Election Location(s): Rocky Mountain Clinic and off site clinics
12a. Full Name of Petitioner (including local name and number) Erin M Foley - Teamsters Local Union No. 2
12b. Address (street and number, city, state, and ZIP code) 3345 Harrison Ave. MT Butte 59702-4064

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. (406) 494-2747	12e. Cell No. (406) 533-5528	12f. Fax No. (406) 494-4430	12g. E-Mail Address erin.foley@teamsterslocal2.org
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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) Erin M Foley	Signature Erin Foley	Title Business Agent	Date 01/21/2019 09:12:23
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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 19-RC-234472	Date Filed 1-22-2019

Employees Included

LPN, Patient Access, Medical Records, Customer Service Reps, Business Coordinator,
Medical Assistants

Employees Excluded

RN's, Management

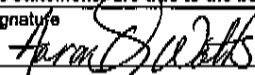
FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-234737Date Filed
1-25-19

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: ATI Cast Products - Albany OR		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 150 SW Queen Ave Albany, OR 97322	
3a. Employer Representative - Name and Title: Eric Martin VP Operations		3b. Address (if same as 2b - state same): SAME	
3c. Tel. No. 541-926-7711	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Industrial Manufacturing		4b. Principal Product or Service Specialty Alloys	5a. City and State where unit is located: Albany Oregon
5b. Description of Unit Involved: Included: Full Time & Regular Part Time Production & Maintenance, Leadpersons & Hourly Training Specialists Excluded: All temp agency employees, administrative employees as defined under the Act.		5c. Number of Employees in Unit: 450	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1/25/2019 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.		5d. 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	
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) Petition serves as a request for recognition		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 AT THIS TIME			
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): 2/07/19	11c. Election Time(s): 06:00am - 8:00pm (20:00)	11d. Election Location(s): NEUTRAL LOCATION (COURT HOUSE, LIBRARY, C	
12a. Full Name of Petitioner (including local name and number): AARON Q. WATTS USW LU 6163		12b. Address (street and number, city, State and ZIP code): 1400 SALEM AVE ALBANY, OR 97321	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Steel, Paper and Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (United Steelworkers, USW)			
12d. Tel. No. 541-926-6789	12e. Cell No. 541-409-0898	12f. Fax No. 928-6687	12g. E-Mail Address aqwatts33@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Aaron Q. Watts USW 6163 Representative		13b. Address (street and number, city, State and ZIP code): 29040 Liberty Road Sweet Home OR 97386	
13c. Tel. No.	13d. Cell No. 541-409-0898	13e. Fax No. 541-928-6687	13f. E-Mail Address aqwatts33@gmail.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) Aaron Q. Watts	Signature 	Title USW 6163 Representative	Date 1/24/19

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-234930Date Filed
1/29/2019

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: A. Harold & Associates, LLC		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 7595 Baymeadows Way, Jacksonville, FL 32256	
3a. Employer Representative - Name and Title:		3b. Address (if same as 2b - state same):	
3c. Tel. No. (904) 265-1940	3d. Cell No.	3e. Fax No.	3f. E-Mail Address aharold@aha-llc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Government Contractors		4b. Principal Product or Service Airborne Elect Att Ed Support	
5a. City and State where unit is located: Oak Harbor, WA		5b. Description of Unit Involved: Included: SME, IT Graphical Artists, Instructors, and all non-supervisory employees at site. Excluded: Supervisory Site Manager	
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? <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) 1/16/2019 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)		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 checked="" type="checkbox"/> 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): As Soon As Possible	11c. Election Time(s): Suggest 11:00AM - 1:00PM	11d. Election Location(s): Oak Harbor Work Location	
12a. Full Name of Petitioner (including local name and number): Service Employees International Union, Local 925		12b. Address (street and number, city, State and ZIP code): 1914 N. 34th Street, Suite 100, Seattle, WA 98103	
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			
12d. Tel. No. (360) 296-0866	12e. Cell No. (360) 296-0866	12f. Fax No.	12g. E-Mail Address btippy@seiu925.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Brandon D Tippy		13b. Address (street and number, city, State and ZIP code): 1700 N. State Street, Suite 202, Bellingham, WA 98225	
13c. Tel. No. (360) 296-0866	13d. Cell No. (360) 296-0866	13e. Fax No.	13f. E-Mail Address btippy@seiu925.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) Brandon D Tippy	Signature 	Title Internal Organizer	Date 1/29/2019

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-235003

Date Filed

1/30/2019

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 PeachHealth St. John Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1615 Delaware WA Longview 98632-	
3a. Employer Representative - Name and Title Miriam Swartout		3b. Address (If same as 2b - state same) 1615 Delaware WA Longview 98632-	
3c. Tel. No. (360) 414-7953	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mswartout@peacehealth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service	
		5a. City and State where unit is located: Longview, WA	

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: 12 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) 01/28/2019 and Employer declined recognition on or about 01/29/2019 (Date) (If no reply received, so state). Yes
☐ 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.

11b. Election Date(s): February 19	11c. Election Time(s): 6:15am- 3pm	11d. Election Location(s): PeaceHealth St. John, Conference Center
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12a. Full Name of Petitioner (including local name and number) Ebony Price Service Employees International Union Local 49	12b. Address (street and number, city, state, and ZIP code) 3536 SE 26th Ave OR Portland 97202-
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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)
Service Employees International Union.

12d. Tel No. (503) 236-4949	12e. Cell No.	12f. Fax No.	12g. E-Mail Address ebonyyp@seiu49.org
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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 Whitney Stark Albies & Stark		13b. Address (street and number, city, state, and ZIP code) 200 SW Morrison Suite 400 OR Portland 97204-	
13c. Tel No. (503) 308-4770	13d. Cell No.	13e. Fax No.	13f. E-Mail Address whitney@albiesstark.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) Whitney Stark	Signature Whitney Stark	Title	Date 01/30/2019 12:33:42
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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 19-RC-235003	Date Filed 1/30/2019

Employees Included

SEIU Local 49 is the exclusive bargaining representative for a current bargaining unit consisting of employees in the following classifications: CNAs, Unit Secretaries, Central Supply Assistants, Sterile Processing Technicians and Assistants, Transporters, Environmental Services Attendants, Cooks, Food Services Assistants, Caterers, Dietary Representatives, Radiology Clerks, Pharmacy Technicians and Assistants, Monitor Technicians, Emergency Department Technicians, Surgical Services Assistants, Patient Team Supports, OB Technicians, Endoscopy Technicians, Anesthesia Assistants, Anesthesia Technicians, Medical Assistants, Patient Access Representatives, and Laboratory Assistants of this employer. This petition seeks a self-determination election to include Communication Operators in that unit.

Employees Excluded

None

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RD-233802

Date Filed

1-9-2019

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 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 Valley Transit		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 225 West Biley Ave Wasilla AK 99654	
3a. Employer Representative - Name and Title Jennifer TEW		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No.	3d. Fax No.	3e. Cell No. 907-232-0037	3f. E-Mail Address JTEW@valleytransitak.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service	
5a. Description of Unit Involved Included: Dispatcher and Demand Response Driver Excluded:			5b. City and State where unit is located: Wasilla Alaska
6. No. of Employees in Unit 5		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent General Teamsters local 959 State of Alaska		8b. Affiliation, if any	
8c. Address 520 E 34th Ave #102 Anchorage AK 99503		8d. Tel. No. 907-751-8857	8e. Cell No. 907-575-6525
		8f. Fax No. 907-751-8856	8g. E-Mail Address Jmorton@akteamsters.com
9. Date of Recognition or Certification 8/14/2009		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 7/31/2018	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		11d. If so, approximately how many employees are participating? a labor organization, of 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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> 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)	
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) SAME		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)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 1/08/2019

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

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