

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

10-RC-251060

Date Filed

Nov. 4, 2019

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

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

2a. Name of Employer: Country Home Bakers		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 720 Metropolitan Pkwy SW, Atlanta, GA 30310	
3a. Employer Representative - Name and Title: Adrienne James HR Manager		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. 856-532-9040	3d. Cell No. 404-772-3128	3e. Fax No. 909-467-6957	3f. E-Mail Address AJames@jjsnack.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory	4b. Principal Product or Service Frozen Dough	5a. City and State where unit is located: Atlanta GA
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5b. Description of Unit Involved: Included: All Full-Time and Part-Time Quality Assurance Employees Excluded: All other employees, temporary, professional, office clerical, managers, guards, supervisor		5a. Number of Employees in Unit: 9
		5b. 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: 7a. Request for recognition as Bargaining Representative was made on (Date) 11-1-19 and Employer declined recognition on or about (Date) No Reply (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) N/A	8b. Address: N/A
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8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
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8g. Affiliation, if any: N/A	8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
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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)
N/A

10a. Name N/A	10b. Address N/A	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: _____
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): November 25, 2019	11c. Election Time(s): 8:00am-9:00am & 2:30pm to 3:30pm	11d. Election Location(s): R&D Building Conference Room
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12a. Full Name of Petitioner (including local name and number): Bakery, Confectionery, Tobacco Workers and Grain Millers Local Union 42	12b. Address (street and number, city, State and ZIP code): 1030 Dill Avenue SW Atlanta, GA 30310
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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):
Bakery, Confectionery, Tobacco Workers and Grain Millers International Union, AFLCIO, CLC

12d. Tel. No. 404-755-3553	12e. Cell No. 470-347-2268	12f. Fax No. 404-753-8111	12g. E-Mail Address bctgm42@yahoo.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: Darrell Copeland - Organizer	13b. Address (street and number, city, State and ZIP code): 1030 Dill Avenue SW Atlanta, GA 30310

13c. Tel. No.	13d. Cell No. 470-347-2268	13e. Fax No.	13f. E-Mail Address d3copeland@gmail.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Darrell Copeland	Signature 	Title Local 42 Organizer	Date 11-4-2019
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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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-251140	Date Filed November 5, 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 Democratic Party of Georgia		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 501 Pulliam St., Suite 400 GA Atlanta 30312-	
3a. Employer Representative - Name and Title Nikema Williams		3b. Address (If same as 2b - state same) 501 Pulliam St., Suite 400 GA Atlanta 30312-	
3c. Tel. No. (470) 788-8922	3d. Cell No.	3e. Fax No.	3f. E-Mail Address nikema@georgiademocrat.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service	5a. City and State where unit is located: Atlanta, GA

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) 10/31/2019 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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): November 11, 2019	11c. Election Time(s): 2:30 pm - 3:00 pm	11d. Election Location(s): 501 Pulliam St., Suite 400, Atlanta, GA
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12a. Full Name of Petitioner (including local name and number) James W Flynn International Brotherhood of Electrical Workers Local Union 613	12b. Address (street and number, city, state, and ZIP code) 502 Taylor Trl MS WAVE AND 39576-
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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)
MS

12d. Tel No. (601) 590-0698	12e. Cell No. (601) 590-0698	12f. Fax No.	12g. E-Mail Address james_flynn@ibew.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) James W Flynn	Signature James W Flynn	Title	Date 11/1/2019 14:56:45
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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 regular part-time canvassers employed by the Democratic Party of Georgia.

Employees Excluded

All Clerical, office employees, security guards, janitoria, grounds keeping and supervisory personnel as defined by the NLRA.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-251345	Date Filed 11-7-2019

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

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

2a. Name of Employer: Aramark (Formerly D/B/A Ameripride)	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 222 Kerns Ave, Greenville, S.C. 29609
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3a. Employer Representative Name and Title: Scotty McDaniel	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 1-800-750-4628	3d. Cell No. n/a	3e. Fax No. n/a	3f. E-Mail Address n/a
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Apparel / Accessories	4b. Principal Product or Service Uniform Rentals	5a. City and State where unit is located: Greenville, SC
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5b. Description of Unit Involved: Included: Drivers RSR / CSR Excluded: Management as defined by the act.	6a. Number of Employees in Unit: 9
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6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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: Manual Mail Mixed Manual/Mail

11b. Election Date(s) November 14, 2019	11c. Election Time(s): 5:30 am - 9:30 am	11d. Election Location(s): 222 Kerns Ave, Greenville, S.C. 29609
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12a. Full Name of Petitioner (including local name and number): James Todd / President Teamsters Local Union 509	12b. Address (street and number, city, State and ZIP code): 2604 Fish Hatchery Road West Columbia, SC 29172
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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. 803-796-6172	12e. Cell No. 803-862-2546	12f. Fax No. 803-796-7890	12g. E-Mail Address team509@bellsouth.net
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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: Charley Brooks Business Agent	13b. Address (street and number, city, State and ZIP code): 310 A Bennett Center Drive Greer, SC 29650
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13c. Tel. No. 864-662-5125	13d. Cell No. 803-862-2547	13e. Fax No. 864-662-5130	13f. E-Mail Address brooks.local509@gmail.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) James Todd	Signature James Todd	Title President	Date 10-21-19
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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**

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

Attachment

Employees Included
10

Employees Excluded
MANAGEMENT AND SALES

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-252188	Date Filed Nov. 21, 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: Penhall Company	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6940 Oak Ridge Pkwy. S.W. Austell, GA . 30168-5890
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3a. Employer Representative - Name and Title: Ben McMahan	3b. Address (if same as 2b - state same): same
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3c. Tel. No. 770-941-3401	3d. Cell No. 404-787-8522	3e. Fax No. 770-941-0307	3f. E-Mail Address bmcman@penhall.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Industrials	4b. Principal Product or Service Concrete Sawing, Drilling, and Breaking	5a. City and State where unit is located: Austell, GA.
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5b. Description of Unit Involved: Included: All part time and regular full time operators, saw cutters, drillers, helpers, and mechanics Excluded: Office Clerical employees, professional employees, guards, and supervisors as defined in the Act	6a. Number of Employees in Unit: 19
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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: 7a. Request for recognition as Bargaining Representative was made on (Date) 11/21/2019 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None	8b. Address:
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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? _____ 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:**
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): <u>December 6, 2019</u>	11c. Election Time(s): <u>6:30AM - 8:00AM</u>	11d. Election Location(s): <u>breakroom</u>
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12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 926	12b. Address (street and number, city, State and ZIP code): Box 170, Rex, GA. 30273
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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. 770-474-5926	12e. Cell No.	12f. Fax No. 770-474-5902	12g. E-Mail Address
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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: Ed Caines	13b. Address (street and number, city, State and ZIP code): Box 170, Rex, GA. 30273

13c. Tel. No. 770-474-5926	13d. Cell No. 404-372-3049	13e. Fax No. 770-474-5902	13f. E-Mail Address ed@iuoe926.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) <u>Ed Caines</u>	Signature <u>[Signature]</u>	Title <u>organizer</u>	Date <u>11-21-19</u>
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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 may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RD-250986	Date Filed 11/01/2019

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: 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
Kaiser Permanente

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
P.O. Box 2074
CA Oakland 94604-2074

3a. Employer Representative - Name and Title
Shankar Viswanathan Manager labor relation

3b. Address (If same as 2b - state same)
345 Piedmont Rd. NE Bldg. 9
GA Atlanta 30308-

3c. Tel. No. (404) 364-4706 **3d. Cell No.** (470) 351-0323 **3e. Fax No.** **3f. E-Mail Address** shankar.viswanathan@kp.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare **4b. Principal product or service** Healthcare **5a. City and State where unit is located:** Atlanta GA

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: 20
6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent
unified commercial and food workers 1996 Rick Brown Executive to the president UFCW

8b. Address 3302 McGinnis Ferry Rd
GA Suwanee 30024-

8c. Tel No. (800) 428-2972 **8d Cell No.** (770) 597-0381 **8e. Fax No.** **8f. E-Mail Address** ufcwrick@aol.com

8g. Affiliation, if any United food and commercial workers **8h. Date of Recognition or Certification** 09/30/2018 **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

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

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: Manual Mail Mixed Manual/Mail
11b. Election Date(s): 12/01/2019-1/31/2020 **11c. Election Time(s):** 5pm-8pm
11d. Election Location(s): 1375 Peachtree St. NE 3rd floor South Atlanta, GA 30309

12a. Full Name of Petitioner (b) (6), (b) (7)(C) _____
12b. Address (street and number, city, state, and ZIP code) _____

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C)
United Food and Commercial workers local #1996

12d. Tel No. (b) (6), (b) (7)(C) **12e. Cell No.** (b) (6), (b) (7)(C) **12f. Fax No.** **12g. E-Mail Address** (b) (6), (b) (7)(C)

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

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

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

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 10/17/2019 09:59:46
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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
10-RD-250986	11/01/2019

Employees Included

Kaiser Permanente End-user Client service and End-user Remote Services Desktop support technicians, analysts, leads, and consultants

Employees Excluded

Kaiser Permanente