

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>10-RC-247742</b>	Date Filed <b>September 6, 2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by 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:** Nestle Purina PetCare  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 266 Industrial Park Road, Hartwell, GA 30643

**3a. Employer Representative - Name and Title:** Kristi Selby- Director, Employee Relations  
**3b. Address (if same as 2b - state same):** Same

**3c. Tel. No. (706) 856- 4400**    **3d. Cell No. (314) 224-9543**    **3e. Fax No.**    **3f. E-Mail Address** Kristi.Selby@purina.nestle.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Factory    **4b. Principal Product or Service** Pet Food    **5a. City and State where unit is located:** Hartwell GA

**5b. Description of Unit Involved:**  
**Included:** All Full-time and Part-time Maintenance/ Electrician Employees  
**Excluded:** All other employees, temporary, professional, office clerical, managers, guards, su  
**6a. Number of Employees in Unit:** 16  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?**  Yes  No

Check One:  **7a. Request for recognition as Bargaining Representative was made on (Date) 9-6-19 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

**8c. Tel. No. N/A**    **8d. Cell No. N/A**    **8e. Fax No. N/A**    **8f. E-Mail Address N/A**

**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

**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 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):** September 24, 2019    **11c. Election Time(s):** 6:30 am to 9:30 am    **11d. Election Location(s):** Maintenance Office

**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


**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. 470-241-3384**    **12f. Fax No. 404-753-8111**    **12g. E-Mail Address** bctgm42@yahoo.com

**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

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** 9-6-19

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

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

UN T E D STATES GOVERNMENT  
NAT ONAL LABOR RELAT ONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No <b>10-RC-248432</b>	Date Filed <b>September 18, 2019</b>
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**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

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

<b>2a. Name of Employer</b> Mauser Packaging Solutions	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3710 Atlanta Industrial Pkwy. NW # 100, Atlanta, GA 30331
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<b>3a. Employer Representative Name and Title</b> Kamel Ouarem Plant Manager	<b>3b. Address ( f same as 2b state same)</b> Same
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<b>3c. Tel No</b> 404-665-4489	<b>3d. Cell No</b> 470-409-5812	<b>3e. Fax No</b>	<b>3f. E-Mail Address</b> kamel.ouarem@mauserpackaging.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc )</b> Factory	<b>4b. Principal product or service</b> Storage containers	<b>5a. City and State where unit is located:</b> Atlanta, GA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> A fu t me and regu ar part t me product on and ma ntenance emp oyees emp oyed by Mausur Packag ng So ut ons at ts fac ty ocated at 3710 At anta Industr a Pkwy. NW # 100, At anta, GA 30331 <b>Excluded:</b> A other emp oyees, temporary emp oyees, profess ona emp oyees, off ce ce r ca emp oyees, managers, guards, and superv sors as def ned n the Act.	<b>6a. No of Employees in Unit</b> Approx. 28 <b>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"/></b>
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**Check One:**  **7a. Request for recognition as Bargaining Representative was made on (Date) 9/13/19 and Employer declined recognition on or about (Date) (If no reply received, so state) No reply**  
 **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None	<b>8b. Address</b>
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<b>8c. Tel No</b>	<b>8d. Cell No</b>	<b>8e. Fax No</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract if any (Month, Day, Year)</b>
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**9. s there now a strike or picketing at the Employer's establishment(s) involved? No f so approximately how many employees are participating? \_\_\_\_\_**  
**(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_**

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

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

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

<b>11b. Election Date(s)</b> October 8, 2019	<b>11c. Election Time(s)</b> 6 am 8 am; 2 pm 4 pm	<b>11a. Election Type</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11d. Election Location(s)</b> Conference room
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<b>12a. Full Name of Petitioner (including local name and number)</b> Southern Reg on Workers Un ted, SEIU	<b>12b. Address (street and number, city, state, and ZIP code)</b> 4405 Ma B vd #600, Un on C ty, GA 30291
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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)**  
Serv ce Emp oyees Internat ona Un on

<b>12d. Tel No</b> 770 306 8856	<b>12e. Cell No</b>	<b>12f. Fax No</b>	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Michael B. Schoenfeld, Attorney	<b>13b. Address (street and number, city, state, and ZIP code)</b> Stan ord Fagan LLC 2540 Lakewood Ave SW Atlanta GA 30315
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<b>13c. Tel No</b> 404 622 0521, ext. 2244	<b>13d. Cell No</b>	<b>13e. Fax No</b>	<b>13f. E-Mail Address</b> m chae s@sfg awyers.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.**

<b>Name (Print)</b> M chae B. Schoenfe d	<b>Signature</b> /s M chae B. Schoenfe d	<b>Title</b> Attorney	<b>Date</b> 9/18/19
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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**

Solici ation of he information on this form is authorized by he National Labor Relations Act (NLRA) 29 U S C § 151 et seq. The principal use of the information is to assist he National Labor Relations Board (NLRB) in processing representation and related proceedings or li gation. The routine uses for the information are fully set for h 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 informa ion will cause the NLRB to decline to invoke is processes.

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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>10-RC-248433</b>	Date Filed <b>September 18, 2019</b>

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

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

<b>2a. Name of Employer</b> Magellan Healthcare, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> U.S. Army Fort Benning, GA 31905
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<b>3a. Employer Representative - Name and Title</b> Michael Francisco, HR Business Consultant	<b>3b. Address (If same as 2b - state same)</b> 14100 Magellan Plaza Maryland Heights, MO 63043-4644
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<b>3c. Tel. No.</b> (571) 403-3760	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> FranciscoM@magellanhealth.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Military Contractor	<b>4b. Principal product or service</b> Military Support	<b>5a. City and State where unit is located:</b> Fort Benning, GA 31905
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All regular full-time and part-time Military Family Life Counselors (MFLC) working for the MFLC Program, which is based at Fort Benning, GA. <b>Excluded:</b> All supervisors, guards, office clerical and all other employees as defined by the Act.	<b>6a. No. of Employees in Unit:</b> 11	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Check One:**  7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> Monday, October 7, 2019	<b>11c. Election Time(s):</b> 9:00 am - 10:00 am AND 4:00 pm - 5:00 pm	<b>11d. Election Location(s):</b> Econo Lodge, 4483 Victory Drive, Columbus, GA 31903-4159
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<b>12a. Full Name of Petitioner (including local name and number)</b> International Association of Machinists and Aerospace Workers, Local Lodge 47	<b>12b. Address (street and number, city, state, and ZIP code)</b> 5621 Bowen Court, Commerce City, CO 80022
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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 Association of Machinists and Aerospace Workers, AFL-CIO


<b>12d. Tel No.</b> (916) 985-8101	<b>12e. Cell No.</b> (916) 597-6100	<b>12f. Fax No.</b> (916) 985-8121	<b>12g. E-Mail Address</b> MVWard@iamaw.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> David W. M. Fujimoto, Attorney	<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> dfujimoto@unioncounsel.net nlrbnotices@unioncounsel.net
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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.

<b>Name (Print)</b> David W. M. Fujimoto	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> September 18, 2019
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>10-RC-248750</b>	Date Filed <b>September 24, 2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by 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**  
American Hospital

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)  
2512 Fort Bragg Rd., Fayetteville, NC 28303

**3a. Employer Representative - Name and Title**  
Kim M. Smith, Director Human Resources

**3b. Address (if same as 2b - state same)**  
5726 W. Hausman Road, Suite 100, San Antonio, TX 78249

**3c. Tel. No.** (210) 236-3943 Direct      **3d. Cell No.** (907) 382-1347      **3e. Fax No.** (210) 236-3961      **3f. E-Mail Address** [kmsmith@chenega.com](mailto:kmsmith@chenega.com)

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

**4b. Principal product or service**  
Military Support

**5a. City and State where unit is located:**  
Fayetteville, NC

**5b. Description of Unit Involved**

**Included:** All regular full time and part time MFLC counselors working for the MFLC program, which is based at Fort Bragg in North Carolina.

**Excluded:** All supervisors, guards, office clerical, and all other employees.

**6a. No. of Employees in Unit:** 25

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes  No

**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

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

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

**8b. Address**

**8c. Tel No.**      **8d. Cell No.**      **8e. Fax No.**      **8f. E-Mail Address**

**8g. Affiliation, if any**      **8h. Date of Recognition or Certification**      **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

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

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

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

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

**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):** Friday, October 11, 2019      **11c. Election Time(s):** 9 am -10 am and 4 pm - 5 pm      **11d. Election Location(s):** The Hilton Garden on 4025 Sycamore Dairy Rd, Fayetteville, NC 28303

**12a. Full Name of Petitioner (including local name and number)**  
International Association of Machinists and Aerospace Workers, Local Lodge 47

**12b. Address (street and number, city, state, and ZIP code)**  
5621 Bowen Court, Commerce City, CO 80022

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Machinists and Aerospace Workers, AFL-CIO

**12d. Tel No.** (916) 985-8101      **12e. Cell No.** (916) 597-6100      **12f. Fax No.** (916) 985-8121      **12g. E-Mail Address** [mward@iamaw.org](mailto:mward@iamaw.org)


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

**13a. Name and Title** Eric J. Wiesner, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

**13c. Tel No.** 510-337-1001      **13d. Cell No.**      **13e. Fax No.** 510-337-1023      **13f. E-Mail Address** [ewiesner@unioncounsel.net](mailto:ewiesner@unioncounsel.net)  
[nlrbotices@unioncounsel.net](mailto:nlrbotices@unioncounsel.net)

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

**Name (Print)** Eric J. Wiesner      **Signature**       **Title** Attorney      **Date** September 23, 2019

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

**PRIVACY ACT STATEMENT**

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

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>10-RD-248430</b>	Date Filed <b>September 18, 2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by 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)**  
1375 Peachtree St. NE 4th floor  
GA Atlanta 30309

**3a. Employer Representative - Name and Title**  
Shankar Viswan Mgr. Labor relations

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

**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**  
UFCW 1996 Marian Phillips Union representative/organizer

**8b. Address**  
3302 McGinnis Ferry Rd suite 201  
GA Suwanee 30024-

**8c. Tel No.**  
(678) 714-3500

**8d Cell No.**  
(678) 372-7028

**8e. Fax No.**  
(678) 714-3501

**8f. E-Mail Address**  
mphillips@ufcw1996.org

**8g. Affiliation, if any**  
ufcw

**8h. Date of Recognition or Certification**  
09/07/2018

**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? \_\_\_\_\_ 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)**

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

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

**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):**  
09/16/2019

**11c. Election Time(s):**  
10/11/2019

**11d. Election Location(s):**  
1375 Peachtree St. NE Atlanta, GA; 345 Piedmont st NE;

**12a. Full Name of Petitioner (b) (6), (b) (7)(C)**  
Kaiser Permanente

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

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C) - \_\_\_\_\_**  
United Food and Commercial Workers 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.**

<b>Name (Print)</b> (b) (6), (b) (7)(C)	<b>Signature</b> (b) (6), (b) (7)(C)	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date</b> 09/13/2019 15:48:23
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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

Employees Included  
20 employees in IT are part of bargaining unit

Employees Excluded  
All employees outside of end user services

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed