

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-223789	Date Filed 7-13-2018

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 Dignity Health Medical Foundation of Ventura County	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) SEE ATTACHMENT
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3a. Employer Representative - Name and Title Judy S. Coffin, V.P. & Associate General Counsel	3b. Address (If same as 2b - state same) 185 Berry Street, Suite 300 San Francisco, CA 94107
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3c. Tel. No. (415) 438-5755	3d. Cell No.	3e. Fax No. (415) 438-5726	3f. E-Mail Address judy.coffin@dignityhealth.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Care Facility	4b. Principal product or service Health Care	5a. City and State where unit is located: SEE ATTACHMENT
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5b. Description of Unit Involved Included: MA, MOR and LVN Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.	6a. No. of Employees in Unit: 65 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ by this 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
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): Wed. July 25, 2018	11c. Election Time(s): 7:30am - 9:30am; 12pm-1:30pm; 2pm-3:30pm	11d. Election Location(s): Break Room at each facility
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12a. Full Name of Petitioner (including local name and number) Service Employees International Union, United Healthcare Workers-West	12b. Address (street and number, city, state, and ZIP code) 5480 Ferguson Drive, Los Angeles, CA 90022
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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, United Healthcare Workers-West

12d. Tel. No. (323) 734-8399	12e. Cell No.	12f. Fax No. (323) 721-3538	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 Xochitl A. Lopez	13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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13c. Tel. No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address xlopez@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.

Name (Print) Xochitl A. Lopez	Signature 	Title Attorney	Date July 13, 2018
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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 TO UNFAIR LABOR PRACTICE CHARGE

2(b): Address(es) of Establishment(s) involved (Street and number, city, State ZIP code)

1. 1700 N. Rose Avenue, Suite 220
Oxnard, CA 93030
2. 2415 Antonio Avenue
Camarillo, CA 93010
3. 5051 Verdugo Way, Suite 100 & 110
Camarillo, CA 93012
4. 2901 N. Ventura Road, Suite 100
Oxnard, CA 93036
5. 550 St Charles Drive, #200
Thousand Oaks, CA 91360
6. 64 East Daily Drive,
Camarillo, CA 93010
7. 2486 Ponderosa Dr. Suite D
Camarillo, CA 93010

5(a): City and State where unit is located

1. Camarillo, CA
2. Oxnard, CA
3. Thousand Oaks, CA

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-224348	Date Filed 7/26/18

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
AIRGAS USA, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1885 N. VENTURA AVE. VENTURA, CA. 93001

3a. Employer Representative - Name and Title
JUAN PADILLA-OPERATIONS MANAGER

3b. Address (if same as 2b - state same)
SAME

3c. Tel. No.
805-804-7658

3d. Cell No.
805-804-7658

3e. Fax No.
805-643-6693

3f. E-Mail Address
JUAN.PADILLA@AIRGAS.COM

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

4b. Principal product or service
MEDICAL AND SPECIALTY GASES

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

5b. Description of Unit Involved

Included: ALL FULL-TIME AND REGULAR PART-TIME DISTRIBUTION DRIVERS, ROUTE DRIVERS, DISPATCHERS WITH COMMERCIAL DRIVER LICENSES, LOADERS, FILLERS, YARD HOST LERS, INVENTORY SPECIALISTS EMPLOYED BY THE EMPLOYER AT ITS FACILITY CURRENTLY LOCATED AT 1885 N. VENTURA AVE. VENTURA, CA. 93001

Excluded: ALL OTHER EMPLOYEES, OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANEGERIAL EMPLOYEES, GUARDS, CONFIDENTIAL EMPLOYEES, AND SUPERVISORS AS DEFINED BY THE ACT.

6a. No. 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) _____ 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):
AUGUST 13, 2018

11c. Election Time(s):
5:00AM-7:00AM

11d. Election Location(s):
CONFERENCE ROOM

12a. Full Name of Petitioner (including local name and number)
WHOLESALE DELIVERY DRIVERS, GENERAL TRUCK DRIVERS, CHAUFFEURS, SALES, INDUSTRIAL AND ALLIED WORKERS TEAMSTERS LOCAL 848

12b. Address (street and number, city, state, and ZIP code)
3888 CHERRY AVE. LONG BEACH, CA. 90807

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.
562-595-1891

12e. Cell No.
202-528-5788

12f. Fax No.
562-595-1896

12g. E-Mail Address
PCAMACHO175@GMAIL.COM

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

13a. Name and Title
PABLO CAMACHO-ORGANIZER

13b. Address (street and number, city, state, and ZIP code)
3888 CHERRY AVE. LONG BEACH, CA. 90807

13c. Tel No.
562-595-1891


13d. Cell No.
202-528-5788

13e. Fax No.
562-595-1896

13f. E-Mail Address
PCAMACHO175@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):
PABLO CAMACHO

Signature: 

Title
ORGANIZER

Date
JULY 24, 2018

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.
31-RC-224426

Date Filed
7/25/2018

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 CBRE		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 12800 Culver Blvd., Los Angeles CA 90066	
3a. Employer Representative - Name and Title George Mullane Director Labor Relations		3b. Address (If same as 2b - state same) 12800 Culver Blvd., Los Angeles CA 90066	
3c. Tel. No. 562-577-3112	3d. Cell No.	3e. Fax No.	3f. E-Mail Address George.mullane@cbre.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Broadcast Center	4b. Principal product or service Stationary Engineering maintenance	5a. City and State where unit is located: Culver City
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6b. Description of Unit Involved Included: All full time, regular, part-time, temporary or extra maintenance engineers employed at 12800 Culver Boulevard, Culver City, California 90066 Excluded: All other employees clerical employees, janitorial employees, professional employees, managerial employees, security guards and supervisors defined in the Act		6a. No. of Employees in Unit: 7
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/25/18 and Employer declined recognition on or about 07/25/18 (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). NA		8b. Address NA	
8c. Tel No. NA	8d. Cell No. NA	8e. Fax No. NA	8f. E-Mail Address NA
8g. Affiliation, if any NA	8h. Date of Recognition or Certification NA		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NA

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

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): 8/7/18	11c. Election Time(s): 9AM-3PM	11d. Election Location(s): On-Site TBD
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12a. Full Name of Petitioner (Including local name and number) International Union of Operating Engineers, Local 501, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 2405 West Third Street Los Angeles, CA 90057
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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, Local 501, AFL-CIO

12d. Tel No. 213-251-4247	12e. Cell No. 213-220-7644	12f. Fax No. 213-559-9472	12g. E-Mail Address pmurphy@local501.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 **Patrick Murphy-Bus. Rep.**
13b. Address (street and number, city, state, and ZIP code)
2405 West Third Street Los Angeles, CA 90057

13c. Tel No. 213-251-4247	13d. Cell No. 213-220-7644	13e. Fax No. 213-559-9472	13f. E-Mail Address pmurphy@local501.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) Patrick Murphy	Signature 	Title Business Representative	Date 07/18/2018
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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.

DO NOT WRITE IN THIS SPACE

Case No.
31-RC-224610

Date Filed
7/31/18

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: GEO Group.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 10400 Rancho road, Adelanto, Ca 92301	
3a. Employer Representative - Name and Title: James Janecka Warden		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. 1-760-5616100	3d. Cell No. NA	3e. Fax No. NA	3f. E-Mail Address NA@example.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Ice Detention Center	4b. Principal Product or Service Detention services.	5a. City and State where unit is located: Adelanto California
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5b. Description of Unit Involved: Included: Clerical, Maintainance, Bookeeker, janitors, accounts, Clerks, receptionist, records, mail. Excluded: supervisors, Guards & confidential employees		6a. Number of Employees in Unit: 27	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about (Date) N/A (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) Office & Professional Employees International Union Local 30.	8b. Address: 6136 Mission Gorge rd. San Diego, Ca, 92120
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8c. Tel. No. 619-640-4840	8d. Cell No. 619-993-8860	8e. Fax No. 619-640-4830	8f. E-Mail Address markbailey@opeiulocal30.org
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8g. Affiliation, if any: NA	8h. Date of Recognition or Certification NA	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NA
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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) No, 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 NA	10b. Address NA	10c. Tel. No. NA	10d. Cell No. NA
		10e. Fax No. NA	10f. E-Mail Address NA@example.com

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

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

11b. Election Date(s): TBD	11c. Election Time(s): TBD	11d. Election Location(s): Victorville, Ca.
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12a. Full Name of Petitioner (including local name and number): Mark Bailey, Business Agent OPEIU Local 30	12b. Address (street and number, city, State and ZIP code): 6136 Mission Gorge rd, San Diego, Ca, 92120
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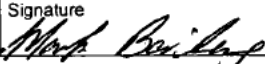
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Office and Professional Employees International Union Local 30.

12d. Tel. No. 61*-640-4840	12e. Cell No. 619-993-8860	12f. Fax No. (619) 640-4830	12g. E-Mail Address markbailey@opeiulocal30.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: Mark Bailey, Business Agent		13b. Address (street and number, city, State and ZIP code): 6136 Mission Gorge Rd, San Diego Ca, 92120
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13c. Tel. No. 619-640-4840	13d. Cell No. 619-993-8860	13e. Fax No. (619) 640-4830	13f. E-Mail Address markbailey@opeiulocal30.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) Mark Bailey	Signature 	Title Business Agent	Date 7/11/2018
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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. **31-RD-223177** Date Filed **7/3/2018**

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: 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
Arakellan Enterprises, Inc. d/b/a Athens Services
2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
1) 11266 Peoria Street, Sun Valley, CA 91342 and 2) 12303 Montague Street, Pacoima, CA 91331

3a. Employer Representative - Name and Title
Lupe Guerrero, Human Resources Manager
3b. Address (if same as 2b - state same)
12303 Montague Street, Pacoima, CA 91331

3c. Tel. No. (818) 381-4383 Ext 3525
3d. Cell No. (626) 893-1438
3e. Fax No.
3f. E-Mail Address lramirezguerrero@athensservices.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Waste Management Services
4b. Principal product or service
Waste Management
5a. City and State where unit is located:
Sun Valley, CA

6a. Description of Unit Involved
Included: AB mechanics, drivers, helpers, and shopworkers at 11266 Peoria Street, Sun Valley, CA and 12303 Montague Street, Pacoima, CA.
Excluded: All other employees, office clerical employees, confidential employees, guards and supervisors as defined in the Act.
6a. No. of Employees in Unit
180
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
Teamsters Local 396
8b. Address:
880 S. Oak Park Road, Suite 200, Covina, CA 91724

8c. Tel No. (826) 915-3636
8d. Cell No.
8e. Fax No.
8f. E-Mail Address teamsters@local396.net

8g. Affiliation, if any
8h. Date of Recognition or Certification
06/26/2017
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 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
None
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):
July 19, 2018
11c. Election Time(s):
1) Sun Valley, mornings; 2) Pacoima: afternoons
11d. Election Location(s):
Conference Rooms in Sun Valley and Pacoima locations.

12a. Full Name of Petitioner
(b) (6), (b) (7)(C)
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)
None.

12d. Tel No. (b) (6), (b) (7)(C)
12e. Cell No.
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
None
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 n/a
Date 7/5/18

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
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 31-RD-223309	Date Filed 7/6/2018

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: 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
Arakelian Enterprises, Inc. d/b/a Athens Services

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
12303 MONTAGUE ST. PACOIMA, CA. 91371

3a. Employer Representative - Name and Title
Lupe Guerrero, Human Resources Manager

3b. Address (If different than state same)
12303 MONTAGUE ST. PACOIMA, CA. 91371

3c. Tel. No. (818) 381-4363 Ext 3525 **3d. Cell No.** (626) 893-1438 **3e. Fax No.** **3f. E-Mail Address** lrarmirezguerrero@athensservices.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Waste Management Services

4b. Principal product or service
Waste Management

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

5b. Description of Unit Involved
Included: All mechanics, drivers, helpers, and shopworkers at **1) 12303 MONTAGUE ST. PACOIMA, CA. 91371**

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

5a. No. of Employees in Unit:
267

5b. 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
Teamsters Local 396

8b. Address:
880 S. Oak Park Road, Suite 200, Covina, CA 91724

8c. Tel No. (828) 915-3636 **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address** teamsters@l396.net

8g. Affiliation, if any **8h. Date of Recognition or Certification**
06/26/2017

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 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
None

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): July 19, 2018 **11c. Election Time(s):** AFTERNOON.

11d. Election Location(s): CONFERENCE ROOM

12a. Full Name of Petitioner:
(b) (6), (b) (7)(C)

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

12c. Tel. No. **(b) (6), (b) (7)(C)** **12d. Cell No.** **12e. Fax No.** **12f. 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
None

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)** **Title** n/a **Date** **7/6/2018**

UNLAWFUL 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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 31-RD-223318	Date Filed 7/06/2018

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 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
Arakelian Enterprise Inc. d/b/a Athens Services

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
1301 West 228th Street, Torrance, CA 90501

3a. Employer Representative - Name and Title
Elsa Alvarez, Human Resources

3b. Address (If same as 2b - state same)
1301 West 228th Street, Torrance, CA 90501

3c. Tel. No.
626-709-5589

3d. Fax No.

3e. Cell No.

3f. E-Mail Address
ealvarez@athensservices.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Waste Management Services

4b. Principal product or service
Waste management

5a. Description of Unit Involved

Included:
All mechanics, drivers, helpers and shopworkers at 1301 West 228th Street, Torrance, CA 90501.

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

5b. City and State where unit is located:
Torrance, California

6. No. of Employees in Unit 103

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? Yes No

8a. Name of Recognized or Certified Bargaining Agent
Teamsters Local 396

8b. Affiliation, if any

8c. Address
880 South Oak Park Road, Suite 200
Covina, CA 91724

8d. Tel. No.
626-915-3636

8e. Cell No.

8f. Fax No.

8g. E-Mail Address
teamsters@local396.net

9. Date of Recognition or Certification
06/26/2017

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
N/A

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes 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. since (Month, Day, Year)
a labor organization, of

12. Organizations or individuals other 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
None

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: Manual Mail Mixed Manual/Mail

13b. Election Date(s)
July 19, 2018

13c. Election Time(s)
Morning / Afternoon

13d. Election Location(s)
Conference Rooms in Torrance location

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

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

15b. Title

15c. Address (Street and number, city, state, ZIP code)

15d. Tel. No.

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

I declare that I have read the above petition and that (b) (6), (b) (7)(C) the best of my knowledge and belief.

Name (Print)
(b) (6), (b) (7)(C)

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

Title

Date Filed
07/03/2018

WILLFUL FALSE STATEMENTS OR MISSTATEMENTS OF FACT ARE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) AND PERJURY IS PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1503)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE
Case No. 31-RD-223335 Date Filed 7/6/2018

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: 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: Arakelian Enterprises, Inc. d/b/a Athens Services
2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code): 11266 Peoria St Sun Valley CA 91352

3a. Employer Representative - Name and Title: Lupe Guerrero, Human Resources Manager
3b. Address (if different than state same): 12303 Montague St, Pacoima, CA 91331

3c. Tel. No. (818) 381-4363 Ext 3525
3d. Cell No. (626) 893-1438
3e. Fax No.
3f. E-Mail Address: lramirezguerrero@athensservices.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Waste Management Services
4b. Principal product or service: Waste Management
5a. City and State where unit is located: Sun Valley, CA

5b. Description of Unit Involved
Included: All mechanics, drivers, helpers, and shopworkers at 11266 Peoria St Sun Valley CA 91352
6a. No. of Employees in Unit: 16

Excluded: All other employees, office clerical employees, confidential employees, guards and supervisors as defined in the Act.
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: Teamsters Local 396
8b. Address: 880 S. Oak Park Road, Suite 200, Covina, CA 91724

8c. Tel No. (626) 915-3636
8d. Cell No.
8e. Fax No.
8f. E-Mail Address: teamsters@lcal396.net

8g. Affiliation, if any
8h. Date of Recognition or Certification: 06/26/2017
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 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: None
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): July 19, 2018
11c. Election Time(s): Sun Valley, morning
11d. Election Location(s): Conference Room in Sun Valley

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

12d. Tel No. (b) (6), (b) (7)(C)
12e. Cell No.
12f. Fax No. (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: None
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) (6), (b) (7)(C) Title n/a Date 07-06-18

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

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