

AMENDED


FORM NLRB-502 (RC)
(2-18)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-237494	Date Filed 03/14/19

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

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

2a. Name of Employer: BMC West LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6641 Santa Monica Blvd., Hollywood, CA 90038	
3a. Employer Representative - Name and Title: Larry Macias Location Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (323) 469-1951	3d. Cell No.	3e. Fax No. (323) 469-5027	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Lumber Yard		4b. Principal Product or Service Lumber	5a. City and State where unit is located: Hollywood, CA
5b. Description of Unit Involved: Included: Please see Attachment A Excluded:		6a. Number of Employees in Unit: 10	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ n/a and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): March 26, 2019	11c. Election Time(s): 2:00 - 4:00 p.m.	11d. Election Location(s): Employee breakroom	
12a. Full Name of Petitioner (including local name and number): Cabinet Makers, Millmen & Industrial Carpenters Local 721		12b. Address (street and number, city, State and ZIP code): 10015 Rose Hills Blvd, Whittier, CA 90604	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Brotherhood of Carpenters & Joiners of America			
12d. Tel. No. (562) 695-0571	12e. Cell No.	12f. Fax No. (562) 695-1159	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Desmond C. Lee, Attorney		13b. Address (street and number, city, State and ZIP code): DeCarlo & Shanley, APC 533 S. Fremont Ave., 9th Floor, Los Angeles, CA 90071	
13c. Tel. No. (213) 488-4100	13d. Cell No.	13e. Fax No. (213) 488-4180	13f. E-Mail Address dlee@dconsl.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) Desmond C. Lee	Signature 	Title Lawyer	Date 03/14/19

**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.

Attachment A

Included: All truck drivers, hardware store employees, lumber yard employees including but not limited to group leaders in the lumber yard, any employees performing work on lumber, and employees performing milling, operation of saws, and forklift duties.

Excluded: Guards, clerical employees, and supervisors.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-237494	Date Filed 3/11/2019

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

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

2a. Name of Employer: BMC West LLC	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6641 Santa Monica Blvd., Hollywood, CA 90038
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3a. Employer Representative - Name and Title: Larry Macias Location Manager	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. (323) 469-1951	3d. Cell No.	3e. Fax No. (323) 469-5027	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Lumber Yard	4b. Principal Product or Service Lumber	5a. City and State where unit is located: Hollywood, CA
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5b. Description of Unit Involved: Included: Please see Attachment A Excluded:	6a. Number of Employees in Unit: 10	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ n/a 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): To be determined	11c. Election Time(s): To be determined	11d. Election Location(s): To be determined
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12a. Full Name of Petitioner (including local name and number): Cabinet Makers, Millmen & Industrial Carpenters Local 721	12b. Address (street and number, city, State and ZIP code): 10015 Rose Hills Blvd, Whittier, CA 90604
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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):
United Brotherhood of Carpenters & Joiners of America

12d. Tel. No. (562) 695-0571	12e. Cell No.	12f. Fax No. (562) 695-1159	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: Desmond C. Lee, Attorney	13b. Address (street and number, city, State and ZIP code): DeCarlo & Shanley, APC 533 S. Fremont Ave., 9th Floor, Los Angeles, CA 90071

13c. Tel. No. (213) 488-4100	13d. Cell No.	13e. Fax No. (213) 488-4180	13f. E-Mail Address dlee@deconsel.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) Desmond C. Lee	Signature 	Title Lawyer	Date 03/11/19
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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 A

Included: All truck drivers, hardware store employees, lumber yard employees including but not limited to group leaders in the lumber yard, any employees performing work on lumber, and employees performing milling, operation of saws, and forklift duties.

Excluded: Guards, clerical employees, and supervisors.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-238217	Date Filed 3/22/2019

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

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

2a. Name of Employer
Dignity Health dba St. John's

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2309 Antonio Ave, Camarillo, CA 93010/1600 & 1700 North Rose Avenue, Oxnard, CA 93030

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

3c. Tel. No.
(415) 438-5755

3d. Cell No.

3e. Fax No.
(415) 438-5726

3f. E-Mail Address
judy.coffin@dignityhealth.org

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

4b. Principal product or service
Health Care

5a. City and State where unit is located:
Camarillo, CA / Oxnard, CA 93030

5b. Description of Unit Involved
Included: OR Buyers

6a. No. of Employees in Unit.
4

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

Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.

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

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):
March 28 1019

11c. Election Time(s):
4-5:40 pm

11d. Election Location(s):
1600 M Rose cafeteria - conference room KL 1

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

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

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

13c. Tel No.
(510) 337-1001

13d. Cell No.

13e. Fax No.
(510) 337-1023

13f. E-Mail Address
xlopez@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)
Xochitl A. Lopez

Signature

Title
Attorney

Date
March 21, 2019

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information 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-238347

Date Filed
March 25, 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
Sheraton Operating Corp. d/b/a W Hollywood Hotel

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
6250 Hollywood Blvd, Hollywood, CA 90028

3a. Employer Representative - Name and Title
Mark Eberwein, General Manager

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

3c. Tel. No.
(323) 798-1300

3d. Cell No.

3e. Fax No.
(323) 798-1305

3f. E-Mail Address
mark.eberwein@whotels.com

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

4b. Principal product or service
Hotel room, food and beverage

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

5b. Description of Unit Involved
Included: Armour-Globe election petition to add concierge employees to the existing bargaining unit of hotel employees at the W Hollywood Hotel.
Excluded: All other non-concierge employees currently excluded from the existing bargaining unit.

6a. No. of Employees in Unit:
2 additional, ~130 existing

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) 1/15/19 and Employer declined recognition on or about ~1/22/19 (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
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):
April 8, 2019

11c. Election Time(s):
12:00 PM - 4:00 PM

11d. Election Location(s):
Employer's premises

12a. Full Name of Petitioner (including local name and number)
UNITE HERE Local 11

12b. Address (street and number, city, state, and ZIP code)
464 S. Lucas Ave. Ste. 201, Los Angeles, CA 90017

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

12d. Tel No.
(213) 481-8530 x258

12e. Cell No.

12f. Fax No.
(213) 481-0352

12g. E-Mail Address
kpenteshin@unitehere11.org

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

13a. Name and Title
Kirill Penteshin, General Counsel

13b. Address (street and number, city, state, and ZIP code)
464 S. Lucas Ave. Ste. 201, Los Angeles, CA 90017

13c. Tel No.
(213) 481-8530 x258

13d. Cell No.
(301) 602-4026

13e. Fax No.
(213) 481-0352

13f. E-Mail Address
kpenteshin@unitehere11.org

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

Name (Print)
Kirill Penteshin

Signature


Title
General Counsel

Date
3/25/2019

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

PRIVACY ACT STATEMENT

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

Case No.

Date Filed

31-RD-237741

3/14/2019

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 concern 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 TERMINI INTERNATIONAL		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2113 SUPERIOR ST CHATSWORTH, CA 91311	
3a. Employer Representative - Name and Title MATTHEW TINSLEY, BRANCH MANAGER		3b. Address (if same as 2b - state same)	
3c. Tel. No. 805-414-6095	3d. Fax No. 818-718-2363	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) EXTERMINATION COMPANY		4b. Principal product or service PEST CONTROL	
5a. Description of Unit Involved Included: ALL FULLTIME AND REGULAR PART-TIME PEST CONTROL TECHNICIANS EMPLOYED BY EMPLOYER - Excluded: ALL OTHER EMPLOYEES EMPLOYED BY EMPLOYER		5b. City and State where unit is located: CHATSWORTH, CA 91311	

6. No. of Employees in Unit 25	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent INTERNATIONAL ASSOCIATION OF MACHINIST AND AEROSPACE WORKERS		8b. Affiliation, if any	
8c. Address 8233 ROCHESTER AVENUE RANCHO CUCAMONGA, CA 91730 39017 10TH ST EAST PALMDALE CA DISTRICT LODGE 725 93550		8d. Tel. No. 661-273-1473	8e. Cell No. 661-273-1473
		8f. Fax No. 661-273-3213	8g. E-Mail Address

9. Date of Recognition or Certification September 2017	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year) _____			

12. Organization or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) April 4th 2019/04/09/19	13c. Election Time(s) 8AM - 5PM	13d. Election Location(s) 2113 SUPERIOR ST. CHATSWORTH, CA SALES Rm. 91311	

14. Full Name of Petitioner (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	14e. E-Mail Address

16. Representatives of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
		15g. E-Mail Address	

I declare that I have read the above petition and understand its contents and the consequences of my filing this petition.

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

Filed **03/14/19**

Solicitation of the information on this form is authorized by the National Labor Relations Board. 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.

FORM NLRB-502 (RD)
(2-18)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No: 31-RD-238677 Date Filed: 3/29/2019

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 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: Contract Services
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 2710 Winona Avenue, Burbank, California 91504

3a. Employer Representative - Name and Title: Heather MacCartney
3b. Address (if same as 2b - state same): 2710 Winona Avenue, Burbank, California 91504

3c. Tel. No.: (818) 565-0550
3d. Fax No.: (818) 565-0535
3e. Cell No.:
3f. E-Mail Address: Hmaccartney@csatf.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Non-profit organization
4b. Principal product or service: Administers programs for motion picture & TV industry

5a. Description of Unit Involved Included: See Attached Exhibit A
5b. City and State where unit is located: Burbank, California
Excluded:

6. No. of Employees in Unit: 38
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: Local 911
8b. Affiliation, if any: N/A

8c. Address: 9900 Flower Street, Bellflower, CA 90706
8d. Tel. No.: (562) 595-4518
8e. Cell No.:
8f. Fax No.: (562) 427-7298
8g. E-Mail Address:

9. Date of Recognition or Certification: 11/28/2017
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): N/A
(Insert Address): a labor organization, of since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state): Local 911

12a. Name: Cristian Leiva
12b. Address: 9900 Flower Street, Bellflower, CA 90706
12c. Tel. No.: (562) 595-4518 ext: 108
12d. Fax No.: (562) 427-7298
12e. Cell No.: N/A
12f. E-Mail Address: cleiva@teamsters911.com

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): 4/26/19
13c. Election Time(s): 2:00 p.m.
13d. Election Location(s): Contract Services - Richard A. Jarrard Boardroom

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

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

(b) (6), (b) (7)(C) of my knowledge and belief.
(b) (6), (b) (7)(C)
Date Filed: 03/27/19

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.

Exhibit A

Unit: Included: All full-time and regular part-time office and clerical employees of Contract Services Administration Trust Fund and Contract Services Administration Training Trust Fund (collectively "Contract Services") working at Contract Services' facilities located at 2710 Winona Avenue and 2800 Winona Avenue, Burbank, California, including, administrative assistants to manager-level executives or below, bookkeepers who do not process payroll or employee benefits, mail clerks, office clerks, communications personnel, office support personnel, executive assistants to manager-level executives or below, 1-9 specialists, specialists, roster specialists, safety pass coordinators, front desk coordinators, project coordinators, stipend coordinators, research coordinators and report coordinators.

Excluded: All other employees, including but not limited to professional employees, instructors, technical writers, compliance specialists, accountants, managerial employees, project managers, information technology employees, confidential employees (including but not limited to assistants to director-level and above executives, human resources assistants and bookkeepers who process payroll or employee benefits), guards and supervisors as defined in the National Labor Relations Act, as amended.