

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. 31-RC-260997	Date Filed 5/28/2020
--------------------------	-------------------------

**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> EMCOR Government Services, Inc	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 4800 Oak Grove Drive JPL Facilities M&O, M/S 200-106G CA Pasadena 91109-8099
---	---

<b>3a. Employer Representative - Name and Title</b> Gabriel Saavedra	<b>3b. Address (If same as 2b - state same)</b> 4800 Oak Grove Drive JPL Facilities M&O, M/S 200-106G CA Pasadena 91109-8099
---	--

<b>3c. Tel. No.</b> (818) 354-0325	<b>3d. Cell No.</b> (818) 262-5116	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> gsaavedra@emcor.net
---------------------------------------	---------------------------------------	--------------------	--

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Real Estate Operations	<b>4b. Principal product or service</b> Operations and Maintenance	<b>5a. City and State where unit is located:</b> Pasadena, CA
--	---	--

<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 36	<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>
---	--	---

**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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>	<b>8b. Address</b>
--	--------------------

<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
---------------------	---------------------	--------------------	---------------------------

<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>
--------------------------------	---	--

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_**  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

<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.

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--

<b>11b. Election Date(s):</b> 06/08/2020	<b>11c. Election Time(s):</b> 0800	<b>11d. Election Location(s):</b> via mail
---	---------------------------------------	---

<b>12a. Full Name of Petitioner (including local name and number)</b> Scot Mott International Union of Operating Engineers - Local 501 AFL-CIO	<b>12b. Address (street and number, city, state, and ZIP code)</b> 2405 West 3rd Street CA Los Angeles 90057-
--	---

**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

<b>12d. Tel. No.</b> (213) 385-1561	<b>12e. Cell No.</b> (213) 718-3324	<b>12f. Fax No.</b> (213) 385-7324	<b>12g. E-Mail Address</b> smott@local501.org
--	--	---------------------------------------	--

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

<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>
----------------------------	--

<b>13c. Tel. No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
----------------------	----------------------	---------------------	----------------------------

**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> Scot Mott	<b>Signature</b> Scot Mott	<b>Title</b> Organizer	<b>Date</b> 05/28/2020 13:30:53
----------------------------------	-------------------------------	---------------------------	------------------------------------

**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

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

**Employees Included**

All full-time, regular and part-time, furloughed/laid off, SFOF Tech, Electrical Lead, Electricians, HVAC Lead, HVAC Tech, HVAC Chiller Tech, Boiler Tech, Air Compressor Tech, trades Lead, SFOF Tech, SFOF operator, Appliance Tech, Eye Wash Tech, Millwright, Carpenters, General Maintenance Worker, Plumbers employed at NASA Jet Propulsion Laboratory 4800 Oak Grove Dr. Pasadena, CA 91109

**Employees Excluded**

All other employees, janitorial, porters, office clerical, administrators, dispatchers, professional employees, contractors/subcontractors, guards, warehouse employees and supervisors as defined in the Act, as amended.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 31-RC-261002

Date Filed 5/28/2020

**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> Encino Hospital Medical Center	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 16237 Ventura Boulevard, Encino, California 91436
--	--

<b>3a. Employer Representative - Name and Title:</b> Demetria Taylor, Human Resources Director	<b>3b. Address (if same as 2b - state same):</b> same
---	--

<b>3c. Tel. No.</b>	<b>3d. Cell No.</b> 818-325-6350	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> demtaylor@primehealthcare.com
---------------------	-------------------------------------	--------------------	--

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hospital	<b>4b. Principal Product or Service</b>	<b>5a. City and State where unit is located:</b> Encino, CA
--	---	--

<b>5b. Description of Unit Involved:</b> Included: Social Workers, Case Managers, Pharmacists, Dietitians, Clinical Lab Scientists	<b>6a. Number of Employees in Unit:</b> 15
--	---

Excluded:  
All other employees, managers, guards, and supervisors as defined in the NLRA.

**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) 05/28/2020 and Employer declined recognition on or about (Date) No Response. (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> SEIU Local 121RN	<b>8b. Address:</b> SEIU Local 121RN
---	---

<b>8c. Tel. No.</b> (626) 639-6200	<b>8d. Cell No.</b> (626) 318-9137	<b>8e. Fax No.</b> (626) 395-7538	<b>8f. E-Mail Address</b> csaplarz@seiu121rn.org
---------------------------------------	---------------------------------------	--------------------------------------	---

<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>
---------------------------------	---	--

**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>

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

<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
-------------------------------	-------------------------------	-----------------------------------

<b>12a. Full Name of Petitioner (including local name and number):</b> SEIU Local 121RN	<b>12b. Address (street and number, city, State and ZIP code):</b> 1040 Lincoln Ave, Pasadena, CA 91103
--	--

**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

<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
----------------------	----------------------	---------------------	----------------------------

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

<b>13a. Name and Title:</b> Erica Deutsch	<b>13b. Address (street and number, city, State and ZIP code):</b> 801 North Brand Boulevard, Suite 950, Glendale, CA 91203
--	--

<b>13c. Tel. No.</b> 818-973-3257	<b>13d. Cell No.</b> 818-669-6009	<b>13e. Fax No.</b> 818-973-3201	<b>13f. E-Mail Address</b> edeutsch@bushgottlieb.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) Erica Deutsch	Signature 	Title Counsel	Date 05/28/2020
-------------------------------	--	------------------	--------------------

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.