

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-248127	Date Filed 9/12/2019

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 SEE ATTACHMENT	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) SEE ATTACHMENT
---	--

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.) Health Care Facility	4b. Principal product or service Health Care	5a. City and State where unit is located: Santa Maria, CA
--	--	---

5b. Description of Unit Involved Included: All Pharmacists, Senior Pharmacists, Clinical Pharmacists, and Dietitians, and Clinical Dietitians. 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: 38	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) 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.

11b. Election Date(s): September 25, 2019	11c. Election Time(s): 12:00 pm - 4 pm	11d. Election Location(s): TBD
---	--	--

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 Bruce A. Harland	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 bharland@unioncounsel.net; nlrbnotices@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) Bruce A. Harland	Signature	Title Attorney	Date September 12, 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.

**Attachment to RC Petition
Dignity Health**

2a. Name of Employer

2b. Address(es) of Establishment(s)

1. Dignity Health dba Marian Regional Medical Center
1400 E. Church Street
Santa Maria, CA 93454

2. Dignity Health Infusion Center of San Luis Obispo
715 Tank Farm Road, Suite B
San Luis Obispo, CA 93401

3. Dignity Health dba Mission Hope Cancer Center
1325 E. Church Street
Santa Maria, CA 93454

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-248185	Date Filed 9/12/2019

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 City of Hope Medical Foundation	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) SEE ATTACHMENT
--	--

3a. Employer Representative - Name and Title Peter Finch	3b. Address (If same as 2b - state same) Davis Wright Tremaine LLP, 920 Fifth Avenue Suite 3300, Seattle, WA 98104
--	--

3c. Tel. No. (206) 757-8153	3d. Cell No. (206) 574-8402	3e. Fax No. (206) 757-7153	3f. E-Mail Address peterfinch@dwt.com
---------------------------------------	---------------------------------------	--------------------------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital	4b. Principal product or service Health Care	5a. City and State where unit is located: Lancaster, CA
--	--	---

5b. Description of Unit Involved Included: SEE ATTACHMENT 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: 109 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) 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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): September 26, 2019	11c. Election Time(s):	11d. Election Location(s):
--	---	-------------------------------	-----------------------------------

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 Bruce A. Harland	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 bharland@unioncounsel.net; nlrbnotices@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) Bruce A. Harland	Signature 	Title Attorney	Date September 12, 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.

Attachment to RC Petition
City of Hope Medical Foundation

2b. Address(es) of Establishment(s)

ANTELOPE VALLEY

44151 15th St. West
Lancaster, CA 93534

SANTA CLARITA

23823 Valencia Blvd., Suite 250
Santa Clarita, CA 91355

ARCADIA

City of Hope Arcadia, 301 W. Huntington
Drive, Suite 400
Arcadia, CA 91007

SOUTH BAY

City of Hope South Bay, 5215 Torrance Blvd.
Torrance, CA 90503

GLENDORA

City of Hope Glendora, 412 W. Carroll Ave.,
Suite 200
Glendora, CA 91741

SOUTH PASADENA

City of Hope South Pasadena, 209 Fair Oaks
Ave.
South Pasadena, CA 91030

MISSION HILLS

15031 Rinaldi St., Suite 150
Mission Hills, CA 91345

WEST COVINA

1250 S. Sunset Ave., Suite 303
West Covina, CA 91790

PASADENA

630 S. Raymond Ave., Suite 220
Pasadena, CA 91105

5b. Description of Unit Involved:

All Medical Assistants, Phlebotomists, Radiology technicians, Nuclear Med Tech, Receptionists, Medical Records Clerk, Billing Clerk, Coder, Medical Office Receptionists (MOR), Scheduler, Surgery Scheduler, LVN, Surgery Tech, Scrub Tech, Front Office Clerk, Back Office Clerk, and MA Floats.

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
31-RC-248867

Date Filed
9/25/2019

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
Los Angeles LGBT Center (Health Services)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1625 N. Schrader Boulevard Los Angeles, CA 90028-6213, 8745 Santa Monica Blvd., 2nd Floor West Hollywood, CA 90069

3a. Employer Representative - Name and Title
Lorri Jean, CEO

3b. Address (If same as 2b - state same)
1118 N. McCadden Place Los Angeles, CA 90038

3c. Tel. No.
323-993-7609

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
ljean@lgbtcenter.org

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

4b. Principal product or service
Healthcare

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

5b. Description of Unit Involved

Included: All full time, part time, and per diem Professionals including Medical Doctors, Nurse Practitioners, Physicians Assistants, Registered Nurses, Social Workers and Marriage and Family Therapists employed by the employer at its operations at 1625 N. Schrader Boulevard Los Angeles, CA 90028-6213 and 8745 Santa Monica Blvd., 2nd Floor West Hollywood, CA 90069

Excluded: All other employees, managers, confidential employees, already represented employees, guards and supervisors as defined by the act.

6a. No. of Employees in Unit:
34

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

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 9/25/2019 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)

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):
10/15/2019

11c. Election Time(s):
1230pm-330pm

11d. Election Location(s):
Conference Room 106 B and C

12a. Full Name of Petitioner (including local name and number)
National Union of Healthcare Workers

12b. Address (street and number, city, state, and ZIP code)
5801 Christie Ave, Suite 525, Emeryville, CA

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.
(818) 241-0140

12e. Cell No.

12f. Fax No.

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 Piete Clayton

13b. Address (street and number, city, state, and ZIP code)
225 W. Broadway, Suite 400 Glendale, CA 91204

13c. Tel No.

13d. Cell No.
510-290-4811

13e. Fax No.
(818) 241-0141

13f. E-Mail Address
pclayton@nuhw.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)
Florice Hoffman

Signature
Florice Hoffman

Title
attorney

Date
9/25/2019

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.