

FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|---------------------------|
| Case No. 28-RC-260118 | Date Filed May 7, 2020 |

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 DLP Services, LLC | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 828 South Highway 1088, Fort Hancock, TX, 79839 | |
| 3a. Employer Representative - Name and Title Gabriel De La Paz, Owner | | 3b. Address (if same as 2b - state same) 506 Grainer St. Del Rio, TX, 78840 | |
| 3c. Tel. No. 830-422-2811 | 3d. Cell No. | 3e. Fax No. 830-422-2894 | 3f. E-Mail Address delapaz.gabriel@dlpsservices.net |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Janitorial | 4b. Principal product or service Janitorial Services | | 4c. City and State where unit is located Fort Hancock, TX |

| | |
|--|---|
| 6b. Description of Unit Involved Included: All full-time and regular-part time janitors. Excluded: All other employees, clerical employees, guards, supervisors, and managers as defined by the Act. | 6a. No. of Employees in Unit: 6 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [X] No [] |
|--|---|

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 5/7/20 and Employer declined recognition on or about None (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): Mail ballot | 11c. Election Time(s): Mail ballot | 11d. Election Location(s): Mail ballot |
|---|---------------------------------------|---------------------------------------|---|

12a. Full Name of Petitioner (including local name and number)
International Union of Operating Engineers Local 351, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
6967 Commerce St., El Paso, TX, 79915


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, AFL-CIO

| | | | |
|---------------------------------|---------------------------------|--------------------------------|--|
| 12d. Tel. No. (915) 771-0224 | 12e. Cell No. (915) 493-9778 | 12f. Fax No. (915) 771-9018 | 12g. E-Mail Address butch.ballez@local351.com |
|---------------------------------|---------------------------------|--------------------------------|--|

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

| | | | |
|--|--------------------------------|--|--|
| 13a. Name and Title Butch Ballez, Organizer | | 13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE | |
| 13c. Tel. No. SAME AS ABOVE | 13d. Cell No. SAME AS ABOVE | 13e. Fax No. SAME AS ABOVE | 13f. E-Mail Address butch.ballez@local351.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) Butch Ballez | Signature  | Title Organizer | Date 5/7/20 |
|------------------------------|--|--------------------|----------------|

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. 28-RC-260389 | Date Filed 5/14/2020 |
|--------------------------|-------------------------|

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
Spring Valley Hospital Medical Center, a Valley Health Systems Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
5400 S Rainbow Blvd, Las Vegas, NV 89118

3a. Employer Representative Name and Title
Leonard Freeof, CEO/Managing Dir.; Ryan Moon, COO

3b. Address (If same as 2b state same)
Same as above

3c. Tel. No.
(702) 853-3000

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
leonard.freeof@uhsinc.com; ryan.moon@uhsinc.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:
Las Vegas, NV

5b. Description of Unit Involved

Included: All full time and regular part time, Respiratory Therapist, Respiratory Therapist Leads, Respiratory Care Practitioner, Pharmacy Technicians, Pharmacy Buyers, Pharmacy Technicians Leads, Surgical Technicians and Surgical Technician Leads employed by the employer at Spring Valley Hospital located at 5400 South Rainbow Boulevard, Las Vegas, NV

Excluded: All managers, branch managers, regional managers, cooperate managers, all other professional employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:
100

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

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

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

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

8b. Address

8c. Tel No.

8d Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
Monday June 1, 2020 and collected/counted Friday June 19, 2020

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, Local Lodge SC711

12b. Address (street and number, city, state, and ZIP code)
4343 N. Rancho Dr. Suite 218, Las Vegas, NV 89130

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

12d. Tel No.
(916) 542-3351

12e. Cell No.
(760) 810-6989

12f. Fax No.

12g. E-Mail Address
rcarrillo@iamaw.org

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

13a. Name and Title
David W.M Fujimoto, Attorney

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

13c. Tel No.
510-337-1001


13d. Cell No.

13e. Fax No.
510-337-1023

13f. E-Mail Address
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)
David W.M. Fujimoto, Attorney

Signature 

Title
Attorney

Date
May 14, 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 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. 28-RC-260934 | Date Filed 5/27/2020 |

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
ISS Action

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
9826 Dyer St., El Paso, TX 79924

3a. Employer Representative - Name and Title
Mark Balcerzak, Project Manager

3b. Address (If same as 2b - state same)
158-12 Rockaway Blvd, Suite 200, Queens, NY 11434

3c. Tel. No.
718-978-3000

3d. Cell No.

3e. Fax No.
718-978-3001

3f. E-Mail Address
mbalcerzak@issaction.com

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

4b. Principal product or service
TRANSPORTATION

5a. City and State where unit is located:
EL PASO, TX

5b. Description of Unit Involved
Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED TRANSPORTATION OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY ISS ACTION @ 9826 DYER ST., EL PASO, TX 79924
Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

6a. No. of Employees in Unit:
13

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). **NO**
 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):
6/23/2020

11c. Election Time(s):
N/A

11d. Election Location(s):
N/A

12a. Full Name of Petitioner (including local name and number)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12b. Address (street and number, city, state, and ZIP code)
25510 Kelly Road, Roseville, MI 48066

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No.
586-772-7250 X111

12e. Cell No.
586-872-5634

12f. Fax No.
586-772-9644

12g. E-Mail Address
organize@spfpa.org

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

13a. Name and Title
Gordon Gregory, General Counsel

13b. Address (street and number, city, state, and ZIP code)
65 Cadillac Square, Suite 3727, Detroit, MI 48226

13c. Tel No.
313-964-5600

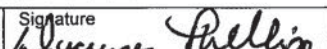
13d. Cell No.

13e. Fax No.
313-964-2125

13f. E-Mail Address
Gordon@UnionLaw.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)
Dwayne Phillips

Signature


Title
Organizing Director

Date
5/26/2020

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 will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|----------------------------|
| Case No. 28-RC-261011 | Date Filed May 29, 2020 |

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: ASM GLOBAL | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3333Al Davis Way | |
| 3a. Employer Representative - Name and Title: Neumiia Duncan-Reed | | 3b. Address (if same as 2b - state same): Same | |
| 3c. Tel. No. (702) 844-0937 | 3d. Cell No. (702)844-0937 | 3e. Fax No. | 3f. E-Mail Address nereed@allegiantstadium.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Stadium | | 4b. Principal Product or Service Entertainment | |
| 5b. Description of Unit Involved: Included: All Full time part time Lead Engineers, Building Engineers, Engineers and Locksmiths Excluded: All office clerical professional employees, guards and supervisor as defined by the Act | | 5a. City and State where unit is located: Las Vegas, NV | |
| 6a. Number of Employees in Unit: 11 | | 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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 5/29/2020 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) N/A | | 8b. Address: N/A | |
| 8c. Tel. No. N/A | 8d. Cell No. N/A | 8e. Fax No. N/A | 8f. E-Mail Address N/A |
| 8g. Affiliation, if any: N/A | | 8h. Date of Recognition or Certification N/A | |
| 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A | | | |
| 9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____ | | | |
| 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) N/A | | | |
| 10a. Name N/A | | 10b. Address N/A | |
| 10c. Tel. No. N/A | | 10d. Cell No. N/A | |
| 10e. Fax No. N/A | | 10f. E-Mail Address N/A | |
| 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): August 12, 2020 | | 11c. Election Time(s): 8:00 am 9:00 am 3:00pm 4:00pm | |
| 11d. Election Location(s): 3333 Al Davis Way | | | |
| 12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 501 | | 12b. Address (street and number, city, State and ZIP code): 301 Deauville Street, Las Vegas, NV 89107 | |
| 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 | | | |
| 12d. Tel. No. (702) 382-8452 | 12e. Cell No. (702) 622-0846 | 12f. Fax No. | 12g. E-Mail Address jsoto@local501.org |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title: Jose Soto Director of Organizing | | 13b. Address (street and number, city, State and ZIP code): 301 Deauville Street, Las Vegas, NV 89107 | |
| 13c. Tel. No. (702) 382-8452 | 13d. Cell No. (702) 622-0846 | 13e. Fax No. | 13f. E-Mail Address jsoto@local501.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) Jose Soto | Signature  | Title Director of Organizing | Date 5/29/20 |

**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
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|-------------------------|
| Case No. 28-RC-261225 | Date Filed 5/29/2020 |

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
See Attachment

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

3c. Tel. No.
See Attachment

3d. Cell No.
See Attachment

3e. Fax No.
See Attachment

3f. E-Mail Address
See Attachment

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

4b. Principal product or service
Government Contractors

5a. City and State where unit is located:
Yuma, AZ

5b. Description of Unit Involved

Included: All Full Time, Regular Part Time Leads, Information Specialists I, II, & III, Network Operators I, II, & III, and Office Administrator Clerks employed by the employers at MCAS Yuma Arizona, 4339 So. O'Neil Street, Bldg 1250 Yuma, AZ 85365

Excluded: All other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the Act.

6a. No. of Employees in Unit:
14

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) 5/29/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **No Reply**

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

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):
Ballots to go out 6/10/2020 and counted 6/26/2020

11c. Election Time(s):
Mail Ballot

11d. Election Location(s):
Mail Ballot

12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, Local Lodge SC 310

12b. Address (street and number, city, state, and ZIP code)
3939 AVENUE 3E, SUITE 109 YUMA, AZ 85364

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

12d. Tel No.

12e. Cell No.
916-542-3351

12f. Fax No.

12g. E-Mail Address
rcarrillo@iamaw.org

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

13a. Name and Title Jason Hardwick, Grand Lodge Representative

13b. Address (street and number, city, state, and ZIP code)
620 Coolidge Rd., Suite 130, Folsom, CA 95630

13c. Tel No.
916-985-8101

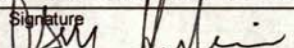
13d. Cell No.
916-936-6013

13e. Fax No.
916-985-8121

13f. E-Mail Address
jhardwick@iamaw.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) Jason Hardwick

Signature 

Title Grand Lodge Representative

Date 5/29/2020

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 will cause the NLRB to decline to invoke its processes.

Perspecta, Strategic Data Systems, Inc, G Corp Consulting, Stratas Corp, Render Security Engineering LLC,
Freedom Staffing, Apex Systems, Joint Employers RC Petition Attachment

2a. Perspecta, Strategic Data Systems, Inc, G Corp Consulting, Stratas Corp, Render Security Engineering LLC, Freedom Staffing, Apex Systems, Joint Employers

2b.

Perspecta: 4339 So. O'Neil Street, Bldg. 1250, Yuma, AZ 85365
Strategic Data Systems, Inc.: 4339 So. O'Neil Street, Bldg. 1250, Yuma, AZ 85365
G Corp. Consulting: 4339 So. O'Neil Street, Bldg. 1250, Yuma, AZ 85365
Stratas Corp.: 4339 So. O'Neil Street, Bldg. 1250, Yuma, AZ 85365
Render Security Engineering, LLC: 4339 So. O'Neil Street, Bldg. 1250, Yuma, AZ 85365
Freedom Staffing: 4339 So. O'Neil Street, Bldg. 1250, Yuma, AZ 85365
Apex Systems: 4339 So. O'Neil Street, Bldg. 1250, Yuma, AZ 85365

3a.

Perspecta: Donald A. Quinn
Strategic Data Systems, Inc.: Victoria Barker, Manager
G Corp. Consulting: Robert Goodrich, Operations Manager
Stratas Corp.: Romeo Spino, CEO
Render Security Engineering, LLC: Stuart Peterson, President
Freedom Staffing: Todd Morris, CEO
Apex Systems: Bob Richards, CEO

3b.

Perspecta: 16550 W Bernardo Dr, San Diego, CA 92127
Strategic Data Systems, Inc.: 1854 Keller Parkway, Suite A, Keller, TX 76248
G Corp. Consulting: 3203 15th Street, Baker City, OR 97814-1728
Stratas Corp.: 3351 Stoneshore Rd. Suite 203, Virginia Beach, VA 23452
Render Security Engineering, LLC: 19583 N. Snow Hill Manor Rd., Lexington Park, MD 20653
Freedom Staffing: 8902 Otis Ave., Suite 207B, Indianapolis, IN 46216
Apex Systems: 16427 N. Scottsdale Rd., Suite 390, Scottsdale, AZ 85254

Perspecta, Strategic Data Systems, Inc, G Corp Consulting, Stratas Corp, Render Security Engineering LLC,
Freedom Staffing, Apex Systems, Joint Employers RC Petition Attachment

3c.

| | |
|-----------------------------------|----------------------|
| Perspecta: | (571) 508-2730 |
| Strategic Data Systems, Inc.: | 619-546-7722 ext 304 |
| G Corp. Consulting: | 619-862-7835 |
| Stratas Corp.: | 757-673-2008 |
| Render Security Engineering, LLC: | 301-904-7733 |
| Freedom Staffing: | 317-549-9744 |
| Apex Systems: | 480-368-2480 |

3d.

| | |
|-----------------------------------|----------------|
| Perspecta: | (858) 275-3338 |
| Strategic Data Systems, Inc.: | 817-562-3960 |
| G Corp. Consulting: | 541-523-2128 |
| Stratas Corp.: | |
| Render Security Engineering, LLC: | |
| Freedom Staffing: | |
| Apex Systems | |

3f.

| | |
|-----------------------------------|--|
| Perspecta: | donald.a.quinn@perspecta.com |
| Strategic Data Systems, Inc.: | vbarker@sdatasystems.com |
| G Corp. Consulting: | robert.goodrich@gcorp.com |
| Stratas Corp.: | romeo.spino@stratascorp.com |
| Render Security Engineering, LLC: | stuart.peterson@render-se.com |
| Freedom Staffing: | todd.morris@freedomstaffing.com/todd.morris@freedomstaffing.us |
| Apex Systems: | brichards@apexsystems.com |

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------|-------------------------|
| Case No. 28-RC-261253 | Date Filed 5/28/2020 |
|--------------------------|-------------------------|

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 Texas Station Gambling Hall & Hotel | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2101 Texas Star Lane, N. Las Vegas, NV 89032 |
|--|--|

| | |
|--|---|
| 3a. Employer Representative - Name and Title Frank Quezada - Director of Human Resources | 3b. Address (If same as 2b - state same) Same |
|--|---|

| | | | |
|-------------------------------------|---------------------|------------------------------------|---|
| 3c. Tel. No. 702-288-7736 | 3d. Cell No. | 3e. Fax No. 702-288-7741 | 3f. E-Mail Address Frank.Quezada@stationcasinos.com |
|-------------------------------------|---------------------|------------------------------------|---|

| | | |
|---|--|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc) Hotel - Casino | 4b. Principal product or service gaming, food service, accomodations | 5a. City and State where unit is located: N. Las Vegas, NV |
|---|--|--|

| | | |
|---|--|---|
| 5b. Description of Unit Involved Included: See Attachment A Excluded: See Attachment A | 6a. No. of Employees in Unit: 350+ | 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) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **By this Petition**
 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? 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 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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
|--|

| | | |
|--|--|--|
| 11b. Election Date(s): June 11, 2020 | 11c. Election Time(s): Mail Ballot | 11d. Election Location(s): Mail Ballot |
|--|--|--|

| | |
|---|--|
| 12a. Full Name of Petitioner (including local name and number) Local Joint Executive Board of Las Vegas | 12b. Address (street and number, city, state, and ZIP code) 1630 S. Commerce Street, Las Vegas, NV 89102 |
|---|--|

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

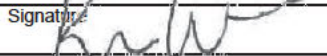
| | | | |
|-------------------------------------|----------------------|-------------------------------------|--|
| 12d. Tel No. 702-385-2131 | 12e. Cell No. | 12f. Fax No. 702-386-9517 | 12g. E-Mail Address kkline@unitehere.org |
|-------------------------------------|----------------------|-------------------------------------|--|

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

| | |
|--|--|
| 13a. Name and Title Kimberley C. Weber, Attorney | 13b. Address (street and number, city, state, and ZIP code) McCracken, Stemerman & Holsberry, LLP - 595 Market Street, Suite 800 San Francisco, CA 94105 |
|--|--|

| | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|--|
| 13c. Tel No. 415-597-7200 | 13d. Cell No. 617-780-9055 | 13e. Fax No. 415-597-7201 | 13f. E-Mail Address kweber@msh.law |
|-------------------------------------|--------------------------------------|-------------------------------------|--|

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) Kimberley C. Weber | Signature  | Title Attorney | Date 5/28/20 |
|---|---|--------------------------|------------------------|

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 A to RC Petition

5b. Description of Unit Involved:

INCLUDED: All full-time and regular part-time banquet bartenders, banquet food servers, banquet porters, bar porters, bartenders, beverage servers, bus persons, butchers, catering cooks, catering pantry workers, catering stove persons, concession workers, cooks, cook helpers, counter attendants, food servers, guest room attendants, host/cashiers, house persons, kitchen runners, kitchen workers, pantry workers, porters, utility porters, room runners, runners, sprinters, stove persons, VIP bartenders, and TDR attendants employed by the employer at its facility at 2101 Texas Star Lane, North Las Vegas, NV.

EXCLUDED: All other employees, front desk employees, valet parkers, gaming employees (dealers, slot attendants, cage cashiers), inspectresses, engineering and maintenance employees, office clerical employees, guards, managers, and supervisors as defined by the Act.