

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-230613	Date Filed Nov. 6, 2018

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

**1. PURPOSE OF THIS PETITION: 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: Red Rock Hotel, Casino and Spa		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 11011 W CHARLESTON BLVD , LAS VEGAS, NV 89135	
3a. Employer Representative - Name and Title: Valerie Murzl V.P of Human Resources		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. 702-495-3458	3d. Cell No. N/A	3e. Fax No.	3f. E-Mail Address Valerie.murzl@stationcasinos.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel and Casino	4b. Principal Product or Service Lodging, Gaming and Entertainment	5a. City and State where unit is located: Las Vegas, Nevada
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5b. Description of Unit Involved: Included: All Full time, regular part time slot technicians, utility slot technicians and slot mechanics in the slot depa Excluded: All other employees, office clerical employees guards and supervisor as defined by the Act		6a. Number 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? <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) 11/6/18 and Employer declined recognition on or about (Date) No Reply (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) N/A	8b. Address: N/A
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8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
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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
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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)  
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: N/A  
11a. Election Type:  Manual  Mail  Mixed Manual/Mail

11b. Election Date(s): November 20th, 2018	11c. Election Time(s): 7:00-9:00am and 3:30pm-5:30pm	11d. Election Location(s): Red Rock Hotel Casino and Spa
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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 Nevada 89106
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
International Union of Operating Engineers Local 501

12d. Tel. No. 702-382-8452	12e. Cell No. 702-622-0846	12f. Fax No. 702-386-5813	12g. E-Mail Address jsoto@local501.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Jose Soto Director of Organizing		13b. Address (street and number, city, State and ZIP code): 301 Deauville Street, Las Vegas Nevada 89106	
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13c. Tel. No. 702-382-8452	13d. Cell No. 702-622-0846	13e. Fax No. 702-386-5813	13f. E-Mail Address jsoto@local501.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Jose Soto	Signature 	Title Director of Organizing	Date 11-6-18
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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.**

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. <b>28-RC-231472</b>	Date Filed <b>November 21, 2018</b>
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**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.

2a. Name of Employer <b>Wynn Las Vegas, LLC</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>3131 S. Las Vegas Blvd., Las Vegas, NV 89109</b>	
3a. Employer Representative - Name and Title <b>Molli McLaws, Director of Human Resources</b>		3b. Address (if same as 2b - state same) <b>same</b>	
3c. Tel. No. <b>(702) 770-7000, ext 2644</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>Molli.McLaws@Wynnlasvegas.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Casino</b>		4b. Principal product or service <b>Hospitality and Gaming</b>	
5b. Description of Unit Involved <b>Included: All Florists, Exterior Gardeners, Interior Gardeners, Horticulture/Floral Warehouse Attendants, Horticulture Administrative Clerks and Floral Administrative Clerks employed by the Employer.</b> <b>Excluded: Employees already represented by a labor organization and all other employees, guards and supervisors, as defined by the Act.</b>			5a. City and State where unit is located: <b>Las Vegas, Nevada</b>
			6a. No. of Employees in Unit: <b>79</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"/>

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). <b>None</b>		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): <b>December 6, 2018</b>	11c. Election Time(s): <b>7:00am - 9:00am and 2:00pm - 4:00pm</b>	11d. Election Location(s): <b>Wynn Las Vegas, 3131 S. Las Vegas Blvd., Las Vegas, NV 89109</b>
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12a. Full Name of Petitioner (including local name and number) <b>General Teamsters, Airline, Aerospace and Allied Employees, Warehousemen, Drivers, Construction, Rock and Sand, Local 986</b>	12b. Address (street and number, city, state, and ZIP code) <b>1198 Durfee Avenue, S. El Monte, CA 91733</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Brotherhood of Teamsters**

12d. Tel No. <b>626-350-9860</b>	12e. Cell No.	12f. Fax No. <b>626-488-0986</b>	12g. E-Mail Address <b>cgriz009@Teamsters986.org</b>
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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 <b>Tim Vera, Business Representative, Teamsters Local 986</b>		13b. Address (street and number, city, state, and ZIP code) <b>1198 Durfee Avenue, S. El Monte, CA 91733</b>	
13c. Tel No. <b>626-350-9860</b>	13d. Cell No. <b>702-704-4203</b>	13e. Fax No. <b>626-488-0986</b>	13f. E-Mail Address <b>tvera@Teamsters986.org</b>

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

Name (Print) <b>Daniel R. Barth</b>	Signature <b>Daniel R. Barth</b>	Title <b>Counsel for Petitioner</b>	Date <b>November 21, 2018</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

**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.

**2a. Name of Employer:** Barneys New York  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 3327 Las Vegas Blvd South, Las Vegas NV 89109

**3a. Employer Representative - Name and Title:** Gabriel Torres, General Manager  
**3b. Address (if same as 2b - state same):** same

**3c. Tel No:** 702 629 4201  
**3d. Cell No:** 702 423 4681  
**3e. Fax No:**  
**3f. E-Mail Address:** gtorres@barneys.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.):** Retail store  
**4b. Principal Product or Service:** Clothing  
**5a. City and State where unit is located:** Las Vegas, NV

**5b. Description of Unit Involved:**  
Included: See attached  
Excluded: See attached  
**6a. Number of Employees in Unit:** Approx. 50  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?**  Yes  No

**Check One:**  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state):**  
**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):** Nov 30, 2018  
**11c. Election Time(s):** 10am-7pm  
**11d. Election Location(s):** Employee break room

**12a. Full Name of Petitioner (including local name and number):** Western States Regional Joint Board  
**12b. Address (street and number, city, State and ZIP code):** 920 S Alvarado St, Los Angeles CA 90006

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):** Workers United/SEIU

**12d. Tel. No.** 213 385 0271  
**12e. Cell No.**  
**12f. Fax No.** 213 385 2815  
**12g. E-Mail Address:** wsrgb@wsrgb.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:** Robert S. Giolito, Attorney  
**13b. Address (street and number, city, State and ZIP code):** 920 S Alvarado St, Los Angeles CA 90006

**13c. Tel. No.** 310 897 1082  
**13d. Cell No.** 310 897 1082  
**13e. Fax No.** 213 385 2815  
**13f. E-Mail Address:** rgolito@giolitolaw.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)** Robert S. Giolito  
**Signature**   
**Title** Attorney  
**Date** 11/20/18

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

**Attachment to RC Petition  
Barneys New York**

**5b. Description of Unit Involved:**

**Included:**

**All full time and regular part time sales and support employees of the employer, including all clerical, alterations, shipping, and stockroom employees.**

**Excluded:**

**All office clerical employees, supervisors, and guards.**

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 28-RC-231591	Date Filed November 26, 2018
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**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> Wynn Las Vegas, LLC	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3131 S. Las Vegas Blvd., Las Vegas, NV 89109
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<b>3a. Employer Representative -- Name and Title</b> Rose Huddleston, Senior VP of Human Resources	<b>3b. Address (if same as 2b -- state same)</b> same
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<b>3c. Tel. No.</b> (702) 770-7000	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Rose.Huddleston@wynnlasvegas.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Casino	<b>4b. Principal product or service</b> Hospitality and Gaming	<b>5a. City and State where unit is located:</b> Las Vegas, Nevada
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All regular full-time and regularly or irregularly scheduled part-time, on-call, and steady extra employees employed by the Employer in the classifications of Valet Attendant, Booth Cashier, Tower Suite Traffic Attendant, Self-Parking Traffic Attendants (Command Center), and Self-Parking Traffic Attendant (Garage & Lobby). <b>Excluded:</b> Employees already represented by a labor organization and all other employees, guards and supervisors, as defined by the Act.	<b>6a. No. of Employees in Unit:</b> 107	<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>
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**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> None	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<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>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved? No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

<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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> December 10, 2018	<b>11c. Election Time(s):</b> 6:00am - 9:00am, 12:00pm - 3:00pm and 6:00pm - 9:00pm	<b>11d. Election Location(s):</b> Wynn Las Vegas, 3131 S. Las Vegas Blvd., Las Vegas, NV 89109
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<b>12a. Full Name of Petitioner (including local name and number)</b> General Teamsters, Airline, Aerospace and Allied Employees, Warehousemen, Drivers, Construction, Rock and Sand, Local 986	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1198 Durfee Avenue, S. El Monte, CA 91733
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

<b>12d. Tel No.</b> 626-350-9860	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 626-488-0986	<b>12g. E-Mail Address</b> cgriz009@Teamsters986.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Tim Vera, Business Representative, Teamsters Local 986	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1198 Durfee Avenue, S. El Monte, CA 91733
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<b>13c. Tel No.</b> 626-350-9860	<b>13d. Cell No.</b> 702-704-4203	<b>13e. Fax No.</b> 626-488-0986	<b>13f. E-Mail Address</b> tvera@Teamsters986.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Daniel R. Barth, Esq. - Levy Phillips, APC	<b>Signature</b> <i>Daniel R. Barth</i>	<b>Title</b> Counsel for Petitioner	<b>Date</b> November 26, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>28-RC-231823</b>	Date Filed <b>November 29, 2018</b>

**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.**

**2a. Name of Employer**  
Caesars Entertainment Corporation d/b/a Rio All-Suites Hotel and Casino

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
3700 West Flamingo Road, Las Vegas, NV 89103

**3a. Employer Representative - Name and Title**  
Pam Tyler, Maintenance Technician

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

**3c. Tel. No.**  
(702) 777-7663

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
Ptyler1@caesars.com

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

**4b. Principal product or service**  
Entertainment

**5a. City and State where unit is located:**  
Las Vegas, Nevada

**5b. Description of Unit Involved**  
**Included:** All Maintenance Department employees  
**Excluded:** All other employees

**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  No**

**Check One:**  **7a. Request for recognition as Bargaining Representative was made on (Date) 11/28/2018 and Employer declined recognition on or about 11/28/2018 (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):**  
December 10, 2018

**11c. Election Time(s):**  
8:00-9:00 a.m.

**11d. Election Location(s):**  
Maintenance Department

**12a. Full Name of Petitioner (including local name and number)**  
International Union of Painters and Allied Trades, District Council 16

**12b. Address (street and number, city, state, and ZIP code)**  
1701 Whitney Mesa Dr., #105, Henderson, Nevada 89014

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union of Painters and Allied Trades, AFL-CIO

**12d. Tel No.**  
(410) 564-5900

**12e. Cell No.**  
(410) 227-3524

**12f. Fax No.**

**12g. E-Mail Address**  
mgutierrez@iupat.org

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

**13a. Name and Title** David A. Rosenfeld, Attorney

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

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

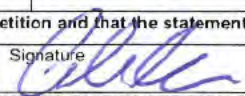
**13d. Cell No.**

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

**13f. E-Mail Address**  
ccoehen@unioncounsel.net, drosenfeld@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)**  
Caroline N. Cohen

**Signature**  


**Title**  
Attorney

**Date**  
November 29, 2018

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

**PRIVACY ACT STATEMENT**

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>28-RD-231778</b>	Date Filed <b>November 29, 2018</b>

**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: 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 Prudential Overall Supply		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3915 W Hacienda Ave Ste A-117, Las Vegas, NV 89118-1786	
3a. Employer Representative - Name and Title Matt Sexton, Service Center Manager		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (702)871-3664	3d. Cell No.	3e. Fax No. (702)871-4428	3f. E-Mail Address matts@pos-clean.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Industrial Laundry Cleaning Warehouse		4b. Principal product or service Industrial Laundry Cleaning Services	5a. City and State where unit is located: Las Vegas, NV
5b. Description of Unit Involved <b>Included:</b> All full-time and regular part-time Customer Service Representatives (including Drivers and Utility Drivers) employed by the Employer in Las Vegas, Nevada. <b>Excluded:</b> All other employees, office clerical employees, guards and supervisors as defined by the National Labor Relations Act.			6a. No. of Employees in Unit: 5 6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [ X ] No [ ]
Check One: <input type="checkbox"/> 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). <input checked="" type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent General Sales Drivers, Delivery Drivers, & Helpers, and Public Sector, Teamsters Local Union No. 14		8b. Address 8951 West Sahara Ave., Suite 100, Las Vegas, NV 89117	
8c. Tel No. (702)384-7841	8d Cell No. (702)281-3684	8e. Fax No. (702)386-4848	8f. E-Mail Address alghilarducci@teamsters14.com
8g. Affiliation, if any International Brotherhood of Teamsters		8h. Date of Recognition or Certification March 19, 2013	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) February 1, 2019
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> No <input checked="" 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 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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Friday, December 14, 2018	11c. Election Time(s): 2:00pm-3:00pm (local time)	11d. Election Location(s): Break Room/Conference Room at Employer's Facility	
12a. Full Name of Petitioner (b) (6), (b) (7)(C) an Employee		12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) NONE			
12d. Tel No.	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title (b) (6), (b) (7)(C), an Employee (b) (6), (b) (7)(C)		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 SAME AS ABOVE
I declare that I have read the above and the contents are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C) an Employee		Title (b) (6), (b) (7)(C)	Date 11/29/18

WILLFUL FALSE STATEMENT

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

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