

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-228535	Date Filed October 3, 2018

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 Roy Spa & Salon	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1616 Pike Rd. El Paso, TX 79916
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3a. Employer Representative - Name and Title Joyce Cayli- owner	3b. Address (if same as 2b - state same) 5937 Baron Kent Lane Centerville, VA 20120
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3c. Tel. No. 703-781-3880	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Info@royspa.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hair Salon	4b. Principal product or service Hair care product and services	5a. City and State where unit is located: El Paso, TX
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5b. Description of Unit Involved Included: All part time and full time stylists and receptionists. Excluded: All supervisors and managers as defined in the act.	6a. No. of Employees in Unit: 10 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 9/26/2018 and Employer declined recognition on or about 9/28/2018 (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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

10a. Name 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.

11b. Election Date(s): Monday Oct. 22, 2018	11c. Election Time(s): 12:00PM-2:00PM	11d. Election Location(s): Fort Bliss- Paul Mitchell Salon (back room)
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12a. Full Name of Petitioner (Including local name and number) United Food & Commercial Workers Union Local 540	12b. Address (street and number, city, state, and ZIP code) 17780 Preston Rd. Dallas, Tx 75252
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food & Commercial Workers International Union AFL-CIO, CLC

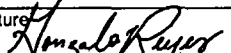
12d. Tel No. 214-328-3515	12e. Cell No.	12f. Fax No. 214-327-6614	12g. E-Mail Address Gonzalo@ufcw540.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title GonzaloReyes- organizer	13b. Address (street and number, city, state, and ZIP code) 17780 Preston Rd Dallas, TX 75252
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13c. Tel No. 214-328-3515	13d. Cell No. 214-519-3709	13e. Fax No. 214-327-6614	13f. E-Mail Address Gonzalo@ufcw540.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) GonzaloReyes	Signature 	Title Organizer	Date 10/01/2018
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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. 28-RC-229564	Date Filed October 19, 2018

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 Lockheed Martin	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6970 N. 141st Avenue, Bldg 618 Luke AFB, AZ 85309
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3a. Employer Representative - Name and Title Edwin Hopler, Training Operations Senior Manager	3b. Address (If same as 2b - state same) Same
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3c. Tel. No. 623-856-8762	3d. Cell No. 480-215-2880	3e. Fax No.	3f. E-Mail Address edwin.a.hopler@lmco.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Airfield (Federal Service Contractor)	4b. Principal product or service Air Force Flight Instruction	5a. City and State where unit is located: Luke AFB, AZ
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5b. Description of Unit Involved Included: All Full-time and Regular Part-time Flight Instructors Excluded: Office Clerk employees, professional employees, managerial employees, guards, supervisors, and other employees as defined in the Act.	6a. No. of Employees in Unit: 17	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"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) **10/19/2018** 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
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 11/7/2018	11c. Election Time(s): 11:00am - 1:00pm	11d. Election Location(s): Conference Room, 6970 N. 141st Ave., Bldg 619, Luke AFB, AZ 85309
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, Local Lodge 519	12b. Address (street and number, city, state, and ZIP code) 3117 N. 16th St. Suite 210, Phoenix, AZ 85016
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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 Association of Machinists and Aerospace Workers, AFL-CIO

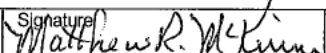
12d. Tel No. 801-201-3715	12e. Cell No. 801-201-3715	12f. Fax No.	12g. E-Mail Address pshepherd@iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Matthew McKinnon, Grand Lodge Representative	13b. Address (street and number, city, state, and ZIP code) 620 Coolidge Rd. Ste 130, Folsom, CA 95630
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13c. Tel No. 916-985-8101	13d. Cell No. 916-737-8577	13e. Fax No. 916-985-8121	13f. E-Mail Address mmckinnon@iamaw.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) Matthew McKinnon	Signature 	Title Grand Lodge Representative	Date 10/19/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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