

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-228465

Date Filed

10-1-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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:
Cascadia Behavioral Healthcare, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
mailing: P.O. Box 8459
physical: 847 NE 19th Ave., Suite 100, Portland, OR 97232

3a. Employer Representative - Name and Title:
Derald Walker, President and CEO

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

3c. Tel. No.
(503) 963-7729

3d. Cell No.

3e. Fax No.
(503) 764-9042

3f. E-Mail Address
derald.walker@cascadiabhc.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
behavioral health care services

4b. Principal Product or Service
behavioral health care

5a. City and State where unit is located:
Portland, OR

5b. Description of Unit Involved:
Included:
All employees of Cascadia's Project Respond Program (see attached).
Excluded:
Supervisors (see attached).

6a. Number of Employees in Unit:
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)
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: Thursday October 18, 2018 at Project Respond office

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
October 18, 2018

11c. Election Time(s):
8:30 am - 10:00 am; 4:30 pm - 6 pm

11d. Election Location(s):
1825 NE Glisan

12a. Full Name of Petitioner (including local name and number):
American Federation of State, County, and Municipal Employees, Council 75

12b. Address (street and number, city, State and ZIP code):
1400 Tandem Avenue NE
Salem, OR 97301-0380

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
American Federation of State, County, and Municipal Employees

12d. Tel. No.
503-370-2522

12e. Cell No.

12f. Fax No.
503-370-7725

12g. E-Mail Address

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

13a. Name and Title:
Margaret Kirschnick, Attorney

13b. Address (street and number, city, State and ZIP code):
Tedesco Law Group, 12780 SE Stark Street, Portland, OR 97233

13c. Tel. No.
(866) 697-6015

13d. Cell No.
(503) 984-4927

13e. Fax No.
(503) 210-9847

13f. E-Mail Address
margaret@miketlaw.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)
Margaret Kirschnick

Signature



Title
Attorney for AFSCME

Date
10/01/18

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.

Attachment to Petition:

Proposed Project Respond Bargaining Unit:

- Included: All full time, regular part-time and relief employees employed by Cascadia Behavioral Healthcare in its Project Respond program in Oregon, including employees in the following positions: Crisis Responder, Response Therapist, Crisis Counselor III, Crisis Clinician, Crisis Clinician I, Mobile Crisis Clinician, Acute Crisis Counselor III, Family Crisis Stabilization Specialist, and Peer Wellness Specialist.
- Excluded: All employees of Cascadia Behavioral Healthcare in its Project Respond and Street Team Programs that supervise one or more employees.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


19-RC-228621

Date Filed

10/4/2018

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: Neighborcare Health		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1200 12th Ave S, Suite 901, Seattle, WA, 98144	
3a. Employer Representative - Name and Title: Michael Erickson / CEO, Dion Asberry/HR		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 206-461-6935	3d. Cell No.	3e. Fax No. diona@neighborcare.org	3f. E-Mail Address michaele@neighborcare.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Clinics		4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Seattle & Vashon, WA
5b. Description of Unit Involved: Included: See Attached Excluded: See Attaced			6a. Number of Employees in Unit: Non Pro: 330, Pro: 200 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 type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/4/18 and Employer declined recognition on or about (Date) no reply (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) 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 <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 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 and 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): October 25, 2018		11c. Election Time(s): 7:00 - 9:00 am, 11:30 am -2:30pm, 5-6:30p	11d. Election Location(s): See Attached
12a. Full Name of Petitioner (including local name and number): SEIU Healthcare 1199NW		12b. Address (street and number, city, State and ZIP code): 15 South Grady Way, Ste 200 Renton, WA, 98057	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union			
12d. Tel. No. 425-917-1199	12e. Cell No. 206-465-7465	12f. Fax No. 425-917-9707	12g. E-Mail Address teresat@seiu1199nw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Teresa Tobin, Organizing Director		13b. Address (street and number, city, State and ZIP code): 15 South Grady Way, Ste 200, Renton, WA, 98057	
13c. Tel. No. 425-917-1199	13d. Cell No. 206-465-7465	13e. Fax No. 425-917-9707	13f. E-Mail Address teresat@seiu1199nw.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) Teresa Tobin		Signature 	Title Organizing Director
			Date 10/4/18

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.

Neighborcare Health

Attachment I to National Labor Relations Board Petition

Voting Group A (Professional Employees)

Included: All regular full-time, part-time, locum, on-call and per diem employees in the following classifications employed by the Employer at its facilities:

Behavioral Health Counselor, Community Health Educator, Diabetes Educator, Dietician, Health Educator, MD, Mental Health Counselor, Mental Health Therapist, Nurse Practitioner, Nutritionist, Pharmacist, Physician Assistant, RN, RN 2, Social Worker

Excluded: All other employees, managers, confidential employees, and supervisors, as defined in the Act.

Voting Group B (Non-Professional Employees)

Included: All regular full-time, part-time, locum, on-call and per diem employees in the following classifications employed by the Employer at its facilities:

Administrative Assistant, Call Center Representative, Cash Poster, Coder, Coder – Dental, Community Health Worker, Credential Specialist, Dental Assistant, Dental Assistant Lead, Dental Hygienist, Eligibility Specialist, Financial Counselor, Health Center Coordinator, Insurance Verifier, Interpreter, LPN, Medical Assistant, Medical Assistant II, Medical Record Clerk, Patient Services Representative, Perinatal Coordinator, Pharmacy Technician, Referral Coordinator, WIC Certifier, X-Ray Tech

Excluded: All other employees, managers, confidential employees, and supervisors, as defined in the Act.

Request for Sonotone Election: Petitioner requests a *Sonotone* election to ascertain whether or not the professional employees in voting group A wish to be included in a single unit with the non-professional employees in voting group B for the purposes of collective bargaining.

Neighborcare Health
Attachment II to National Labor Relations Board Petition

11d. Election Locations:

Voting Location	Address
45th St	1629 North 45th Street, Seattle, WA, 98103
Ballard	1753 NW 56th Street, Suite 200, Seattle, WA, 98107
Columbia City	4400 37th Avenue South, Seattle, WA, 98118
Georgetown	6200 13th Avenue South, Seattle, WA, 98108
High Point	6020 35th Avenue SW, Seattle, WA, 98126
Lake City	12721 30th Avenue NE, Suite 101, Seattle, WA, 98125
Meridian	10521 Meridian Avenue North, Seattle, WA, 98133
Pacific Tower	1200 12th Ave S, 4th floor, Suite 401, Seattle, WA, 98144
Pike Place	1930 Post Alley, Seattle, WA, 98101
Rainier Beach	9245 Rainier Avenue South, Seattle, WA, 98118
Vashon Island	10030 SW 210th Street, Vashon, WA, 98070

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-228840 Date Filed 10/9/2018

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 Swedish Express Care at Walgreens		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) See Attachment A	
3a. Employer Representative - Name and Title Shelley Livingston, Director, Labor Relations		3b. Address (if same as 2b - state same) 1730 Minor Avenue Seattle, WA 98101	
3c. Tel. No. 206-386-3403	3d. Cell No. 206-349-6305	3e. Fax No. 206-215-3359	3f. E-Mail Address Shelley.livingston@swedish.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Care Clinic		4b. Principal product or service Health Care Clinic	5a. City and State where unit is located: Washington, see Attachment A
5b. Description of Unit Involved Included: All ARNPs, PA-Cs, and MDs who work as a stabilized, float, or per diem provider at the clinics listed on Attachment A. Excluded: All others.			6a. No. of Employees in Unit: 31 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) By 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).		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): 11c. Election Time(s): 11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)
Union of American Physicians and Dentists, AFSCME Local 206
12b. Address (street and number, city, state, and ZIP code)
708 Broadway, Suites 300D and F, Tacoma, WA 98402


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of State, County and Municipal Employees, AFL-CIO

12d. Tel. No. 253-244-7797	12e. Cell No. 360-281-6846	12f. Fax No. 253-244-7819	12g. E-Mail Address jcrane@uapd.com
-------------------------------	-------------------------------	------------------------------	--

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

13a. Name and Title Anne I. Yen, 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, ayen@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) Anne I. Yen	Signature 	Title Attorney	Date October 9, 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.

Attachment A

2.b. Addresses of Establishments involved (Street and number, City, State, ZIP code) and

5.a. City and State where unit is located

Swedish Express Care at Walgreens- Bothell:
20812 Bothell Everett Hwy, Bothell, WA 98021

Swedish Express Care at Walgreens- Shoreline:
17524 Aurora Ave N, Shoreline, WA 98133

Swedish Express Care at Walgreens- Northgate:
859 NE Northgate Way, Seattle, WA 98125

Swedish Express Care at Walgreens- Kirkland:
12405 NE 85th St, Kirkland, WA 98033

Swedish Express Care at Walgreens- Bellevue:
15585 NE 24th St, Bellevue, WA 98007

Swedish Express Care at Walgreens- Broadway:
1531 Broadway, Seattle, WA 98122

Swedish Express Care at Walgreens- Downtown:
222 Pike St, Seattle, WA 98101

Swedish Express Care at Walgreens- Mercer Island:
7707 SE 27th St, Mercer Island, WA 98040

Swedish Express Care at Walgreens- Issaquah:
6300 E Lake Sammamish Pkwy SE, Issaquah, WA 98029

Swedish Express Care at Walgreens- Rainier:
4412 Rainier Ave S, Seattle, WA 98118

Swedish Express Care at Walgreens- Renton:
4105 NE 4th St, Renton, WA 98059

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

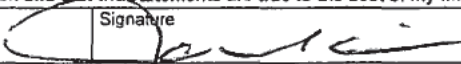
19-RC-228909

Date Filed

10-9-2018

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: Framatome		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2101 Horn Rapids Rd. Richland, WA 99354	
3a. Employer Representative - Name and Title: Carrie Fetto - HR Advisor		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 509-375-8284	3d. Cell No.	3e. Fax No.	3f. E-Mail Address carrie.fetto@framatome.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing		4b. Principal Product or Service Nuclear Assembly	
5a. City and State where unit is located: Richland, WA		5b. Description of Unit Involved: Included: All Full-Time and Regular Part-Time Security Officers Excluded: All Managers, Supervisors and Others as defined by the Act	
6a. Number 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? <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) 10/09/18 and Employer declined recognition on or about (Date) no reply (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) 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 and election in this matter, state your position with respect to any such election: No Objection			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): October 19, 22 or 23, 2018		11c. Election Time(s): 5:30PM to 6:30PM	
11d. Election Location(s): Common Area at Employer Facility			
12a. Full Name of Petitioner (including local name and number): Pete Gomez - USW Local 12-369		12b. Address (street and number, city, State and ZIP code): 797 Stevens Dr. Richland, WA 99352	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union			
12d. Tel. No. 509-713-7780	12e. Cell No. 509-528-2381	12f. Fax No. 509-713-7783	12g. E-Mail Address office@lu369.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: James M Kilborn - Int'l Staff Representative		13b. Address (street and number, city, State and ZIP code): 24437 Russell Rd., Suite 205 Kent, WA 98032	
13c. Tel. No. 253-854-4536	13d. Cell No. 541-401-9958	13e. Fax No. 253-854-4609	13f. E-Mail Address jkilborn@usw.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) James M Kilborn		Signature 	Title Int'l Staff Representative
Date 10/09/18			

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE


Case No.

19-RC-229196

Date Filed

10-15-2018

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: Neighborcare		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1200 12th Ave S., Suite 901, Seattle, WA 98144	
3a. Employer Representative - Name and Title: Michael Erikson / CEO		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 206-461-6935	3d. Cell No.	3e. Fax No.	3f. E-Mail Address michaele@nlrb.gov
4a. Type of Establishment (Factory, mine, wholesaler, etc.) clinics		4b. Principal Product or Service Healthcare	
5a. City and State where unit is located: Seattle and Vashon Island, WA		5b. Description of Unit Involved: Included: See attached Excluded: See attached	
6a. Number of Employees in Unit: 15 nonpro; 18 pro; 11 provider: 44		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 type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/15 and Employer declined recognition on or about (Date) no reply (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) 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 <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 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 type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): TBD	11c. Election Time(s): TBD	11d. Election Location(s): mail ballot	
12a. Full Name of Petitioner (including local name and number): SEIU Healthcare 1199NW		12b. Address (street and number, city, State and ZIP code): 15 South Grady Way, Ste 200	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union			
12d. Tel. No. 425-917-1199	12e. Cell No. 206-465-7465	12f. Fax No.	12g. E-Mail Address teresat@seiu1199nw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title:		13b. Address (street and number, city, State and ZIP code):	
13c. Tel. No. 425-917-1199	13d. Cell No. 206-465-7465	13e. Fax No.	13f. E-Mail Address teresat@seiu1199nw.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) Teresa Tobin	Signature 	Title Organizing director	Date 10/15/18

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.

Neighborcare Health
Attachment I to National Labor Relations Board Petition

Voting Group A (Providers - Schools)

Included: All regular full-time, part-time, locum, on-call and per diem employees in the following classifications employed by the Employer at its facilities:

Nurse Practitioner, Physician Assistant

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

Voting Group B (Professional Employees - Schools)

Included: All regular full-time, part-time, locum, on-call and per diem employees in the following classifications employed by the Employer at its facilities:

Health Educator, Mental Health Therapist

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

Voting Group C (Non-Professional Employees - Schools)

Included: All regular full-time, part-time, locum, on-call and per diem employees in the following classifications employed by the Employer at its facilities:

Dental Assistant, Eligibility Specialist, Health Center Coordinator

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

Request for Sonotone Election: Petitioner requests a Sonotone election to ascertain whether or not the professional employees in voting group E & F wish to be included in a single unit with the non-professional employees in voting group G for the purposes of collective bargaining.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-229268	Date Filed 10/16/2018
---------------------------------	---------------------------------

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 Waste Management		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 701 2nd St. NW Auburn, WA 98071	
3a. Employer Representative - Name and Title Jim Apostolos Human Resources Manager		3b. Address (If same as 2b - state same) Mechanics	
3c. Tel. No. 425-814-7852	3d. Cell No. 425-218-5778	3e. Fax No.	3f. E-Mail Address japostol@wm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Sanitation		4b. Principal product or service Mechanics	
5b. Description of Unit Involved Included: All full-time and part-time Technicians, Welders and Utility Workers. Excluded: All other employees, guards and supervisors as defined by the Act.		5a. City and State where unit is located: Auburn, WA	
		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 <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).		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? _____ 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	
11b. Election Date(s): 10-25-18	11c. Election Time(s): 12:00 PM - 1:00PM	11d. Election Location(s): Employee break room	
12a. Full Name of Petitioner (including local name and number) General Teamsters Local Union #174		12b. Address (street and number, city, state, and ZIP code) 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168	
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.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Meaza Ogbe Organizer		13b. Address (street and number, city, state, and ZIP code) 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168	
13c. Tel No. 206-250-2566	13d. Cell No. 206-250-2566	13e. Fax No. (206) 441-4853	13f. E-Mail Address mogbe@teamsters174.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) Meaza Ogbe	Signature	Title Organizer	Date 10-16-18
-----------------------------------	------------------	---------------------------	-------------------------

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.

19-RC-229274

Date Filed

10-16-18

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:

Rodda Paint Co.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

6107 N Marine Dr., Portland, OR. 97203

3a. Employer Representative - Name and Title:

Jennie Wine; Human Resources Manager

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

Same

3c. Tel. No.

(503) 521-4300

3d. Cell No.**3e. Fax No.**

(503) 521-4400

3f. E-Mail Address

jwine@roddapaint.com

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

Factory

4b. Principal Product or Service

Paint Manufacturing

5a. City and State where unit is located:

Portland, OR

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

See Attachment A

6a. Number of Employees in Unit:

10

Excluded:

All other employees, guards and supervisors as defined by the Act

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) 10/11/18 and Employer declined recognition on or about (Date) 10/11/18 (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 and election in this matter, state your position with respect to any such election: Employer's Portland Warehouse Facilities

11a. Election Type:☒ Manual ☐ Mail ☐ Mixed Manual/Mail**11b. Election Date(s):**

10/30/18

11c. Election Time(s):

12:00pm - 2:00pm

11d. Election Location(s):

Employer's Portland Warehouse Facilities

12a. Full Name of Petitioner (including local name and number):

International Union of Painters and Allied Trades; Local 1094

12b. Address (street and number, city, State and ZIP code):

6770 E. Marginal Way S., Bldg. E. #303B, Seattle, WA. 98108

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

12d. Tel. No.

(206) 443-1094

12e. Cell No.**12f. Fax No.**

(206) 957-1886

12g. E-Mail Address

fredh@iupatdc5.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**13a. Name and Title:**

Fred Hawkins; Business Rep.

13b. Address (street and number, city, State and ZIP code):

6770 E. Marginal Way S., Bldg. E. #303B, Seattle, WA. 98108

13c. Tel. No.

(206) 443-1094

13d. Cell No.**13e. Fax No.**

(206) 957-1886

13f. E-Mail Address

fredh@iupatdc5.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)**Signature****Title****Date**

FRED Hawkins Business Rep. 10/12/2018

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 may cause the NLRB to decline to invoke its processes.

Attachment A

5.b. Description of Unit Involved:

Included: All regular full time and part time warehouse workers employed by the employer at its Portland, OR. manufacturing facilities.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

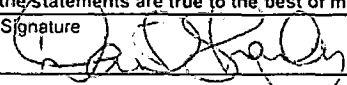
19-RC-229377

Date Filed

10/16/2018

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: Premier Scaffold, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2316 S. State Street, Suite 200 Tacoma, WA 98405	
3a. Employer Representative - Name and Title: Matthew McMurry, Director of Operations		3b. Address (if same as 2b - state same): 41667 Ivy Street, Suite E Murrieta, CA 92562	
3c. Tel. No. (661) 323-3395	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mmcmurry@premierscaffold.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Contractor		4b. Principal Product or Service Construction	5a. City and State where unit is located: Tacoma
5b. Description of Unit Involved: Included: All handling, building, erection, modification, and dismantling of all types of scaffolding and shoring at Employer's customers' job sites, including "shrink wrapping" performed by employees of Employer, coming within the jurisdiction of the UBC, as described in PNRCC's Scaffolding & Shoring Master Labor Agreement. Excluded: Employees of the Employer who are classified as executives, superintendents, supervisory personnel other than foremen and general foremen, managers, and officer workers.			6a. Number of Employees in Unit: 32
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/02/18 and Employer declined recognition on or about (Date) n/a (No reply received) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			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
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) Pacific Northwest Regional Council of Carpenters		8b. Address: 25120 Pacific Hwy S, #200, Kent, WA 98032	
8c. Tel. No. 253-945-8800	8d. Cell No.	8e. Fax No. 253-839-4908	8f. E-Mail Address
8g. Affiliation, if any: UBC		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 type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s):		11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): Pacific Northwest Regional Council of Carpenters		12b. Address (street and number, city, State and ZIP code): 25120 Pacific Hwy S, #200, Kent, WA 98032	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state): United Brotherhood of Carpenters and Joiners of America			
12d. Tel. No. 253-945-8800	12e. Cell No.	12f. Fax No. 253-839-4908	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Daniel M. Shanley		13b. Address (street and number, city, State and ZIP code): 533 S Fremont Ave. 9th Floor. Los Angeles, CA 90071	
13c. Tel. No. 213-488-4100	13d. Cell No.	13e. Fax No. 213-488-4180	13f. E-Mail Address dshanley@deconsel.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) Daniel M. Shanley		Signature 	Title Attorney at Law
		Date	

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-229812

Date Filed

10-24-18

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: Cascadia Behavioral Healthcare, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): mailing: P.O. Box 8459 physical: 847 NE 19th Ave., Suite 100, Portland, OR 97232	
3a. Employer Representative - Name and Title: Derald Walker, President and CEO		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (503) 963-7729	3d. Cell No.	3e. Fax No. (503) 764-9042	3f. E-Mail Address derald.walker@cascadiabhc.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) behavioral health care services		4b. Principal Product or Service behavioral health care	
5a. City and State where unit is located: Portland, OR		5b. Description of Unit Involved: Included: All employees of Cascadia's Street Outreach Program (see attached) Excluded: Supervisors (see attached)	
6a. Number 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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) 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 <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 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 and election in this matter, state your position with respect to any such election: Thursday November 1, 2018 at 310 NW Flanders, basement level		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): November 1, 2018	11c. Election Time(s): 8:30 am - 10:00 am; 4:30 pm- 6 pm	11d. Election Location(s): 310 NW Flanders	
12a. Full Name of Petitioner (including local name and number): American Federation of State, County, and Municipal Employees, Council 75		12b. Address (street and number, city, State and ZIP code): 1400 Tandem Avenue NE Salem, OR 97301-0380	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County, and Municipal Employees			
12d. Tel. No. 503-370-2522	12e. Cell No.	12f. Fax No. 503-370-7725	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Margaret Kirschnick, Attorney		13b. Address (street and number, city, State and ZIP code): Tedesco Law Group, 12780 SE Stark Street, Portland, OR 97233	
13c. Tel. No. (866) 697-6015	13d. Cell No. (503) 984-4927	13e. Fax No. (503) 210-9847	13f. E-Mail Address margaret@miketlaw.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) Margaret Kirschnick	Signature /s/ Margaret Kirschnick	Title Attorney for AFSCME	Date 10/24/18 [Redacted]

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.

Attachment to Petition:

Street Outreach Bargaining Unit:

- Included: All full time, regular part-time and relief employees employed by Cascadia Behavioral Healthcare in its Street Outreach program.
- Excluded: All employees of Cascadia Behavioral Healthcare in its Street Outreach Program that supervise one or more employees.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RD-228907

Date Filed

10/9/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 7 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 Oak harbor Freight		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 290 penny Rd Wenatchee WA 98801	
3a. Employer Representative - Name and Title same		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 509-662-6614	3d. Fax No.	3e. Cell No.	3f. E-Mail Address Joel.Spencer@oakh.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking		4b. Principal product of service Freight	
5a. Description of Unit Involved Included: Line haul + Pickup and Delivery. Am + pm ack works Excluded:			5b. City and State where unit is located: Wenatchee Washington
6. No. of Employees in Unit 12		7. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent Teamsters 760			8b. Affiliation, if any
8c. Address 1737 N. Wenatchee ave Wenatchee WA 98801		8d. Tel. No. 509-667-7760	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address Armando@teamsters760.org
9. Date of Recognition or Certification Nov 1, 2004		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10-31-2009	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
11b. If so, approximately how many employees are participating? 0			
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) since (Month, Day, Year)			
12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name NA	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) Per Region	13c. Election Time(s) TBD	13d. Election Location(s) Lunch Room	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) C/O bob braun 1415 2nd ave unit 909 Seattle WA 98101		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. (b) (6), (b) (7)(C)
14d. Cell No. (b) (6), (b) (7)(C)		14e. E-Mail Address (b) (6), (b) (7)(C)	
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name Bob braun		15b. Title Labor Rep	
15c. Address (Street and number, city, state, ZIP code) 1415 2nd ave unit 909 Seattle WA 98101		15d. Tel. No. 206-623-5155	15e. Fax No. 206-374-2143
		15f. Cell No. 206-909-9693	15g. E-Mail Address b.braunconsulting.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) (b) (6), (b) (7)(C)		Signature (b) (6), (b) (7)(C)	Title Oak harbor Freight
Date Filed 10-9-18			

WILLFUL FALSE STATEMENTS OF

PRIVATE FACT STATEMENT

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