

## NOTICE OF MMBA REPRESENTATION PETITION

PERB CASE NUMBER: \_\_\_\_\_ DATE NOTICE WAS POSTED: \_\_\_\_\_

ON \_\_\_\_\_, THE PETITION INDICATED BELOW WAS FILED WITH THE  
(DATE)  
PUBLIC EMPLOYMENT RELATIONS BOARD BY THE PETITIONER SHOWN ON THE MMBA  
REPRESENTATION PETITION.

PETITION FOR CERTIFICATION

REQUEST FOR RECOGNITION

SEVERANCE REQUEST

THE PETITION IS BASED ON THE CLAIM THAT (CHECK ONE) \_\_\_\_\_ A MAJORITY  
\_\_\_\_\_ AT LEAST 30% OF THE EMPLOYEES IN THE PROPOSED UNIT WISH TO BE  
REPRESENTED BY THE PETITIONER.

SEE THE MMBA REPRESENTATION PETITION FOR THE NAMES, ADDRESSES AND  
TELEPHONE NUMBERS OF THE EMPLOYER, THE INCUMBENT EXCLUSIVE  
REPRESENTATIVE (IF ANY), AND THE PETITIONER.

THIS NOTICE MUST REMAIN POSTED UNTIL: \_\_\_\_\_

BY \_\_\_\_\_  
(SIGNATURE OF EMPLOYER'S AUTHORIZED AGENT)

PERB Regulation 61220 requires that this Notice be conspicuously posted on all employee bulletin boards in each facility of the employer in which members of the proposed unit are employed. The Notice should be posted as soon as possible but in no event later than 10 days following receipt of the petition. The Notice must remain posted for at least 15 workdays. PERB may require electronic posting pursuant to PERB Regulation 32111.



PERB Received  
10/13/21 14:58 PM

# MMBA REPRESENTATION PETITION

DO NOT WRITE IN THIS SPACE: Case No: \_\_\_\_\_ Date Filed: 10/13/2021

INSTRUCTIONS: A request for recognition or petition for certification may be filed with the appropriate PERB regional office, unless the employer has adopted local rules providing for an equivalent procedure. Proper filing includes concurrent service and proof of service of the MMBA Representation Petition as required by PERB Regulations 61210 et seq. Attach additional sheets if more space is required.

1. <b>EMPLOYER</b> (Name, address and telephone number)		Employer’s agent to be contacted: Ms. Candace Dabney-Smith
Name:	Alameda Health System	Title: Associate General Counsel
Address:	1411 East 31st Street Oakland, CA 94602	Address and telephone, if different: 7677 Oakport Street, 11th Floor Oakland, CA 94621 Telephone: (510) 437-8484
Telephone:	(510) 437-4800	E-Mail cdabneysmith@alamedahealthsystem.org

2. TYPE OF PETITION (Check all that apply)	3. PROOF OF SUPPORT
<input checked="" type="checkbox"/> REQUEST FOR RECOGNITION (RR) <input type="checkbox"/> PETITION FOR CERTIFICATION (PC) <input type="checkbox"/> SEVERANCE (Filed as PC) <input type="checkbox"/> SEVERANCE (Filed as RR)	<input checked="" type="checkbox"/> Majority support  <input type="checkbox"/> 30% support

4. DESCRIPTION OF PROPOSED UNIT	5. NUMBER OF EMPLOYEES IN PROPOSED UNIT:  246
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Shall INCLUDE: All Attending Physicians    Shall EXCLUDE: Attending Physicians that are chairs of their department	6. IF A CURRENT MEMORANDUM OF UNDERSTANDING (MOU) EXISTS COVERING ANY EMPLOYEES PETITIONED FOR, INDICATE:  MOU EFFECTIVE DATE:  MOU EXPIRATION DATE:  NO AGREEMENT IS IN EFFECT <input checked="" type="checkbox"/>
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7. ORGANIZATION(S) RECOGNIZED OR CERTIFIED AS THE EXCLUSIVE REPRESENTATIVE OF OR KNOWN TO HAVE AN INTEREST IN REPRESENTING ANY OF THE EMPLOYEES COVERED BY THIS PETITION:

Name of Organization	Address	Date of Recognition/Certification (if any)
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8. <b>PETITIONER</b> (Name, address and telephone number)		Petitioner’s agent to be contacted: Katharine R. McDonagh
Name:	Service Employees International Union, Local 1021	Title: Attorney
Address:	100 Oak Street Oakland, CA 94621	Address and telephone, if different: 1375 55th Street Emeryville, CA 94608 Telephone: (510) 337-1001
Telephone:		E-Mail: kmcdonagh@unioncounsel.net, perb@unioncounsel.net

DECLARATION

I declare that the statements herein are true to the best of my knowledge and belief.

NAME OF AUTHORIZED REPRESENTATIVE: Peter Masiak

SIGNATURE OF AUTHORIZED REPRESENTATIVE: /s/ Peter Masiak

Title: East Bay Field Director Date: 10/13/2021

Los Angeles Regional Office 425 W. Broadway, Suite 400 Glendale, CA 91204-1269 (818) 551-2822	Sacramento Regional Office 1031 18th Street Sacramento, CA 95811-4124 (916) 322-3198	San Francisco Regional Office 1330 Broadway, Suite 601 Oakland, CA 94612-2514 (510) 622-1016
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## DO NOT WRITE IN THIS SPACE: Case No.:

INSTRUCTIONS: A request for recognition or petition for certification must be filed via the e-PERB portal, unless the employer has adopted local rules providing for an equivalent procedure. (See PERB Regulation 32110.) Proof of service pursuant to PERB Regulation 32140 must accompany the request.,. Attach additional sheets if more space is required. Proof of support is required as provided by PERB Regulation 32700. Proof of support is provided only to PERB.