



**LOS ANGELES COUNTY  
EMPLOYEE RELATIONS COMMISSION**  
[ERCOMfilings@bos.lacounty.gov](mailto:ERCOMfilings@bos.lacounty.gov)

**PETITION FOR DETERMINATION OF AN APPROPRIATE EMPLOYEE  
REPRESENTATION UNIT AND/OR CERTIFICATION AS MAJORITY REPRESENTATIVE**

**INSTRUCTIONS:**

1. This petition may be filed by an employee organization, a council of employee organizations, or by the Director Personnel, pursuant to Section 5.04.200 of the Employee Relations Ordinance and Rule 5.01 of the Employee Relations Commission Rules and Regulations.
2. Complete this petition and submit an electronic .pdf copy to [ERCOMfilings@bos.lacounty.gov](mailto:ERCOMfilings@bos.lacounty.gov).

<b>DO NOT WRITE IN THIS SPACE</b>	
<b>UNIT:</b>	
<b>PETITIONER:</b> LAC/OC Building & Construction Trades Council	
<b>FILE NO.</b>	002-24
<b>DATE FILED</b>	11/7/24

1. Name of Petitioner (in full): LA/OC Building & Construction Trades Council			
2. Address and telephone number of Petitioner's principal place of business: 1626 Beverly Los Angeles, CA 90026 213-483-4222			
3. Name and title of one representative authorized to receive notices or requests for information (address And telephone number if different from Item 2): Hector Rosales Business Representative 1111 W. James M Wood Blvd Los Angeles CA 90015			
4. List below the names, addresses, and telephone numbers of the County department(s), board(s), commission(s) or other body(ies) in which or by whom the affected employees are employed:			
<u>Department/Board/Commission</u>	<u>Management Representative</u>	<u>Address</u>	<u>Telephone</u>
Parks & Recreation/Aquatics	Joseph Goss		
5. Description of claimed unit, by item number and classification title. If all the positions in any classification are not proposed to be included in the unit, list and identify the specific inclusions and exclusions for each classification. Also include your estimate of the number of employees in each classification.			
Included:			
<u>Item Number</u>	<u>Classification</u>	<u>Number of Employees</u>	
6608	Aquatic Maintenance Technician	11	
		Total:	11
Excluded:			
<u>Item Number</u>	<u>Classification</u>	<u>Number of Employees</u>	
		Total:	

6. Composition of claimed unit. Check the appropriate boxes below. In your opinion, does the unit include:

	YES	NO
a. Both professional employees and non-professional employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Both supervisory employees and non-supervisory employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Both supervisory and non-supervisory employees who are in the same classification	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Management and confidential employees together with non-management or non-confidential employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. (EMPLOYEE ORGANIZATIONS ONLY) List below the names, addresses and telephone numbers of employee organizations, other than your own, which to your best knowledge and belief, claim to represent any of the employees in the proposed unit described in Section 5 of this Petition.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>

8. Give a brief description, if known, of the written agreements, if any, covering any employee in the claimed unit.

9. Any other relevant facts:

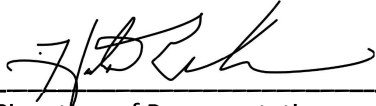
10. State briefly the action or remedy which you are seeking from the Commission:

11. (EMPLOYEE ORGANIZATIONS ONLY) The total number of employees in the proposed unit who have Requested your organization to represent them is 11. (Minimum showing of interest required: 30% of employees in the proposed unit. Evidence of such showing of interest must be submitted to the Commission at the time of filing the petition, pursuant to Rule 5.03a.)

12. (EMPLOYEE ORGANIZATIONS ONLY) Does the undersigned petitioning organization have any restriction on membership based on race, color, creed, sex, or national origin?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. I declare that I am a duly authorized representative of the petitioner and I certify under penalty of perjury that the statements set forth in this petition are true and correct to the best of my knowledge and belief.

<u>Hector Rosales</u>	<u>Business Representative</u>	<u>10/31/2024</u>
Name of Representative	Title	Date
		
Signature of Representative		