

LOS ANGELES COUNTY EMPLOYEE RELATIONS COMMISSION

ERCOMfilings@bos.lacounty.gov

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

INSTRUCTIONS:

- 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.

DO NOT WRITE IN	THIS SPACE
UNIT:	
PETITIONER:	
FILE NO.C001-25)
DATE FILED 7/3/2	25

			DATE FILED 7/3/25		
 Name of Petitioner (in full): Los Angeles County Fire De 	epartment Associa	ation of Chiefs			
2. Address and telephone num 8601 Lincoln Blvd. Suite 18					
3. Name and title of one representations And telephone number if dif		to receive notices or requests for	information (address		
Eric Suarez, President					
		numbers of the County departme whom the affected employees are			
Department/Board/ Commission	Management Representative	<u>Address</u>	<u>Telephone</u>		
L.A. County Fire Depart	L.A. County Fire Department 1320 N. Eastern Ave. Los Angeles, CA. 90063				
are not proposed to be inclu	ded in the unit, list a	d classification title. If all the positions inclusions number of employees in each class	and exclusions for each		
Included: <u>Item Number</u> Please see Attachment	Classification	Number of E	<u>mployees</u>		
1		Total:			
Excluded: Item Number N/A	Classification	Number of E	mployees		
		Total:			

6. Composition of claimed unit. Check	the appropriate boxes below. In your	r opinion, does the unit include: YES NO
a. Both professional employe	es and non-professional employees	
b. Both supervisory employee	es and non-supervisory employees	
c. Both supervisory and non-s the same classification	supervisory employees who are in	
d. Management and confiden management or non-confid	itial employees together with non- dential employees	
	List below the names, addresses and your own, which to your best knowled ne proposed unit described in Section	dge and belief, claim to
<u>Name</u>	Address	<u>Telephone</u>
None		
8. Give a brief description, if known, of	the written agreements, if any, cover	ring any employee in the claimed
unit. None known.		
TYONE KNOWN.		
9. Any other relevant facts:		
3. Any other relevant racts.		
10 State height the action are seen about	which was an alien from the Comm	aladam.
10. State briefly the action or remedy visee attachment for content	vnich you are seeking from the Comm	mission:
11. (EMPLOYEE ORGANIZATIONS ONLY	') The total <u>number</u> of employees in t present them is 79. (Minimum showi	
	vidence of such showing of interest m	
Commission at the time of filing the	e petition, pursuant to Rule 5.03a.)	
12. (EMPLOYEE ORGANIZATIONS ONLY) Does the undersigned petitioning o	rganization have any restriction
on membership based on race, colo		res No
		\checkmark
13. I declare that I am a duly authorize	d representative of the petitioner and	I certify under penalty of
	th in this petition are true and correct	to the best of my knowledge
and belief.		1.1
Jason B. Ghorbani	AOC Legal Matters Coordinator	6/27/25
Name of Representative	Title	Date
Jah Il		
Signature of Representative		

ATTACHMENT FOR QUESTION 5

	Classification	Number of Employees
0208 A	Battalion Chief	107
0215 A	Chief, Air Operations, Fire Services	1
0217 A	Assistant Fire Chief	19
0335 A	Assistant Chief Forestry	4
0336 A	Chief, Forestry Division	1
2932 A	Section Chief, Lifeguard Services, Fire	6
2934 A	Assistant Chief, Lifeguard Services, Fire	1
2935 A	Chief, Lifeguard Services, Fire	1

ATTACHMENT FOR QUESTION 10

Petitioner seeks a determination for the establishment of a new representation unit composed exclusively of those classifications identified in Section 5 of this Petition. In addition, Petitioner seeks certification as the majority representative and recognized employee organization for such representation unit on all matters within the scope of representation under Government Code Section 3500 et seq (Meyers-Milias-Brown Act)