

**LOS ANGELES COUNTY
EMPLOYEE RELATIONS COMMISSION**

**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 3(a) of the Employee Relations Ordinance and Rule 5.01 of the Employee Relations Commission Rules and Regulations.
2. File an original and eight copies of this completed petition with: Los Angeles County Employee Relations Commission, 374 Hall of Administration, 500 West Temple Street, Los Angeles, CA 90012, by mail or by hand. Use additional pages if necessary and identify with item number from this form.

DO NOT WRITE IN THIS SPACE	
UNIT:	
PETITIONER:	
FILE NO.	C001-23
DATE FILED	2/9/23

1. Name of Petitioner (in full):

Los Angeles County - Program Managers Association

2. Address and telephone number of Petitioner's principal place of business:

c/o California Labor Strategies, 8033 Sunset Blvd #505, Los Angeles, CA 90046 / (323) 524-3303

3. Name and title of one representative authorized to receive notices or requests for information (address And telephone number if different from Item 2):

Tris Carpenter, Consultant

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>
Child Support Services Dept	Terrie Hardy, Director	5500 S. Eastern Ave. Commerce, CA 90040	323-889-3400

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>
1618	Program Manager, Child Support Services	30
	Total	30

Excluded:

<u>Item Number</u>	<u>Classification</u>	<u>Number of Employees</u>
All others		

Total: Unknown

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	_____	___X___
b. Both supervisory employees and non-supervisory employees	_____	___X___
c. Both supervisory and non-supervisory employees who are in the same classification	_____	___X___
d. Management and confidential employees together with non-management or non-confidential employees	_____	___X___

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>
None		

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

None

9. Any other relevant facts:

None

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

Certification of Los Angeles County - Program Managers Association to represent all CSSD employees in the Program Manager, Child Support Services classification in collective bargaining.

11. (EMPLOYEE ORGANIZATIONS ONLY) The total number of employees in the proposed unit who have Requested your organization to represent them is **30**. (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___X___.
