



STATE OF CALIFORNIA
Public Employment Relations Board



Statement of Interest
Higher Education Employer-Employee Relations Act

Instructions: Any HEERA Statement of Interest must be filed using this form. Statements relating to the University of California or Hastings College of the Law must be filed with the San Francisco Regional Office. Statements relating to the California State University must be filed with the Los Angeles Regional Office. Statements remain valid for 12 months and may be renewed (Regulation 51020).

1. The employer of the employees described below is the

California State University

Hastings College of the Law

University of California

2. The following groups of employees are covered by this Statement of Interest (if applicable, include bargaining unit number and/or name, if known):

3. Employee Organization (Name, address, and telephone number)	Agent (Name/title)
Jim Philliou 120 K Street 2nd Floor, Sacramento, CA 95814 (916) 319-4800	Jim Philliou Executive Director

Please provide this organization with copies of all documents relating to the above-described employees, pursuant to PERB Regulation 51020.

/s/ California State University Employees Union

Dated: 03/03/2021

(Signature of Authorized Representative)

Los Angeles Regional Office
425 W. Broadway, Suite 400
Glendale, CA 91204
(818) 551-2822

San Francisco Regional Office
1330 Broadway, Suite 1532
Oakland, CA 94612
(510) 622-1016

PERB Received
03/03/21 16:44 PM

PERB Filed
03/03/21



PERB Received
03/03/21 16:43 PM

PERB Filed
03/03/21

UNIT MODIFICATION PETITION

DO NOT WRITE IN THIS SPACE: Case No. _____

Date Filed: _____

INSTRUCTIONS: A petition for unit modification must be filed with the appropriate PERB regional office (see PERB Regulation 32075). A petition which is not jointly filed must be served on all parties. Proof of service must accompany the petition. Attach additional sheets if more than one exclusive representative and/or more than one established unit is affected by the unit modification petition, or if additional space is required. Individual employees MAY NOT file a unit modification petition.

1. EMPLOYER (Name, address and telephone number) _____

California State University _____

Office of the Chancellor _____

401 Golden Shore _____

Long Beach, CA 90802 _____

(**562**) **951-4000** _____ Ext. _____

Employer's agent to be contacted: Joseph I. Castro _____

Title: Chancellor _____

Address and telephone, if different: _____

Same _____

() _____ Ext. _____

Email (optional): _____

2. EXCLUSIVE REPRESENTATIVE (Name, address and telephone number) _____

CSU Employees Union, SEIU Local 2579 _____

120 K Street, 2nd Floor _____

Sacramento, CA 95814 _____

(916) 319-4800 _____ Ext. _____

Agent to be contacted: Jim Philliou _____

Title: Executive Director _____

Address and telephone, if different: _____

Same _____

() _____ Ext. _____

Email (optional): _____

3. TYPE OF PETITION

This petition is filed pursuant to PERB Regulation(s): 32781 _____

<p>4. <u>PETITION FILED BY:</u> (Check one only.)</p> <p><input type="checkbox"/> Both (or all) Parties</p> <p><input checked="" type="checkbox"/> Exclusive Representative</p> <p><input type="checkbox"/> Employer</p>	<p>5. APPROXIMATE NUMBER OF EMPLOYEES IN THE UNIT:</p> <p>2,010</p>	<p>6. NUMBER OF EMPLOYEES INVOLVED IN THE MODIFICATION REQUEST:</p> <p>Unknown</p>
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7. DESCRIPTION OF ESTABLISHED UNIT:

Bargaining Unit 5 provides operations support to the students on CSU campuses and has approximately 2,000 employees. It includes such classifications as custodian, groundswoker, irrigation specialist, gardener, laborer, cook, food service worker, and warehouse worker.

Los Angeles Regional Office 425 W Broadway, Suite 400 Glendale, CA 91204-1269 (818) 551-2822	Sacramento Regional Office 1031 18 th Street, Suite 102 Sacramento, CA 95811-4124 (916) 322-3198	San Francisco Regional Office 1330 Broadway, Suite 1532 Oakland, CA 94612-2514 (510) 622-1016
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8. DATE EXCLUSIVE REPRESENTATIVE WAS RECOGNIZED OR CERTIFIED: 2005

9. IF A CURRENT WRITTEN AGREEMENT/MEMORANDUM OF UNDERSTANDING EXISTS COVERING THE ESTABLISHED UNIT(S), INDICATE:

AGREEMENT/MOU EFFECTIVE DATE: January 31, 2018 EXPIRATION DATE: July 1, 2022

10. DESCRIPTION OF THE UNIT MODIFICATION REQUESTED:

CSUEU is petitioning to add all "Student Assistant" employees to Unit 5.

11. STATEMENT OF REASONS FOR THE REQUEST TO MODIFY THE UNIT(S):

Student Assistants are performing CSUEU bargaining unit work and therefore have a strong community of interest with CSUEU-represented employees.

12. ANY OTHER ORGANIZATION(S) KNOWN TO HAVE AN INTEREST IN REPRESENTING ANY EMPLOYEES COVERED BY THIS PETITION:

Name of Organization: None

Address:

Telephone: ()

DECLARATION

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

NAME OF PETITIONING PARTY: California State University Employees Union

SIGNATURE OF AUTHORIZED REPRESENTATIVE: *Kerianne R. Steele*

Title: Attorney Date: 03/03/21

NAME OF PETITIONING PARTY:

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

Title: Date:

NAME OF PETITIONING PARTY:

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

Title: Date:

PROOF OF SERVICE

I declare that I am a resident of or employed in the County of _____,
State of _____. I am over the age of 18 years. The name and address of my
Residence or business is _____

On _____, I served the _____
(Date) (Description of document(s))

_____ in Case No. _____
(Description of document(s) continued) PERB Case No., if known)

on the parties listed below by (check the applicable method(s)):

placing a true copy thereof enclosed in a sealed envelope for collection and
delivery by the United States Postal Service or private delivery service following
ordinary business practices with postage or other costs prepaid;

personal delivery;

electronic service - I served a copy of the above-listed document(s) by
transmitting via electronic mail (e-mail) or via e-PERB to the electronic service
address(es) listed below on the date indicated. *(May be used only if the party
being served has filed and served a notice consenting to electronic service or has
electronically filed a document with the Board. See PERB Regulation 32140(b).)*

(Include here the name, address and/or e-mail address of the Respondent and/or any other parties served.)

I declare under penalty of perjury under the laws of the State of California that the
foregoing is true and correct and that this declaration was executed on _____,
(Date)
at _____
(City) (State)

(Type or print name)

(Signature)