



EERA REPRESENTATION PETITION

DO NOT WRITE IN THIS SPACE: Case No.:

Date Filed:

INSTRUCTIONS: A request for recognition, severance request or intervention is to be filed with the employer. Proper filing includes concurrent service and proof of service of the request/severance/intervention as required by PERB Regulations 33050 and 33070. Attach additional sheets if more space is required.

1. EMPLOYER (Name, address and telephone number)

Calbright College
1102 Q St. Suite 4800
Sacramento, CA 95828
(833) 956-0225

Ext.

Employer's agent to be contacted: Ajita Talwalker Menon

Title: President and CEO

Address and telephone, if different:

Ext.

2. TYPE OF PETITION (Check one):

- REQUEST FOR RECOGNITION
- SEVERANCE REQUEST
- INTERVENTION

3. PROOF OF SUPPORT (Check one):

- Majority support filed with PERB
- At least 30 percent support filed with PERB

4. DESCRIPTION OF PROPOSED UNIT

Shall Include:
All full-time Faculty/Instructors and Counselors.

Shall Exclude:
All part-time Faculty/Instructors, Management, Supervisors,
Classified employees.

5. IF A CURRENT WRITTEN AGREEMENT EXISTS COVERING EMPLOYEES IN THE PROPOSED UNIT, INDICATE :

AGREEMENT EFFECTIVE DATE:

AGREEMENT EXPIRATION DATE:

NO AGREEMENT IS IN EFFECT

6. NUMBER OF EMPLOYEES IN PROPOSED UNIT: 7

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)

8. PETITIONER (Name, address and telephone number)

Calbright Faculty Association CTA/CCA/NEA
1930 Outlet Center Drive
Oxnard, CA 93036-0677
(805) 428-3564

Ext.

Petitioner's agent to be contacted: Mr. Arleigh Kidd

Title: CTA Organizer

Address and telephone, if different:

09/08/2020

Arleigh Kidd

Ext.

NOTICE OF EERA REPRESENTATION PETITION

PERB CASE NUMBER:

DATE NOTICE WAS POSTED: 09/25/2020

ON 09/17/2020 , THE PETITION INDICATED BELOW WAS FILED WITH THE EMPLOYER BY THE
(Date)

PETITIONER SHOWN ON THE EERA REPRESENTATION PETITION.

REQUEST FOR RECOGNITION

SEVERANCE REQUEST

INTERVENTION

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

NOTICE - REQUEST FOR RECOGNITION/SEVERANCE ONLY: EXCEPT AS PROVIDED BY PERB
REGULATION 33700(C), ANY OTHER EMPLOYEE ORGANIZATION DESIRING TO REPRESENT ANY
OF THE EMPLOYEES IN THE UNIT DESCRIBED IN THIS REQUEST FOR RECOGNITION/ SEVERANCE
REQUEST HAS THE RIGHT, WITHIN 15 WORKDAYS FOLLOWING THE DATE OF THIS NOTICE, TO
FILE WITH THE EMPLOYER AN INTERVENTION SUPPORTED BY AT LEAST 30% OF THE
EMPLOYEES IN A UNIT CLAIMED TO BE APPROPRIATE. THE LAST DATE FOR FILING AN
INTERVENTION IS:

SEE THE EERA 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: Donald J. Grady, Sr. MSHRM, PHR
Donald J. Grady, Sr. MSHRM, PHR (Sep 23, 2020 15:07 PDT)

(SIGNATURE OF EMPLOYER'S AUTHORIZED AGENT)

PROOF OF SERVICE

I declare that I am a resident of or employed in the County of Ventura,
State of California. I am over the age of 18 years. The name and address of my
Residence or business is 1930 Outlet Center Drive, Oxnard Ca. 93036-0677

On 09/08/2020, I served the EERA Representation Petition
(Date) (Description of document(s))

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

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;

facsimile transmission in accordance with the requirements of PERB Regulations 32090
and 32135(d).

electronic service (e-mail) - I served a copy of the above-listed document(s) by
transmitting via electronic mail (e-mail) 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, e-mail address and/or fax number of the Respondent and/or any other parties served.)

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

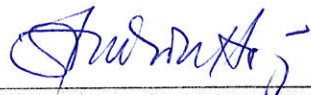
Ajita Talwalker Menon
California Online Community College District
Calbright College
1102 Q St. Suite 4800
Sacramento, CA 95828
833-956-0225

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 09/08/2020, at
(Date)

Oxnard CA _____
(City) (State)

Sharon Higa

(Type or print name)



(Signature)