

ORIGINAL

FORM EXEMPT UNDER 44 U.S.C. 3512

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FORM NLRB-308
(8-83)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE

Case	Date Filed
32-CB-4545	1-10-96

INSTRUCTIONS: File an original and 3 copies of this charge and an additional copy for each organization, each local, and each individual named in item 1 with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT

a. Name CALIFORNIA NURSES ASSOCIATION	b. Union Representative to contact Lori Liederman
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c. Telephone No. (510) 562-2883	d. Address (street, city, state and ZIP code) 7700 Edgewater Drive, Suite 527, Oakland, CA 94621
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e. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (list subsections) 1 and 3 of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.

2. Basis of the Charge (be specific as to facts, names, addresses, plants involved, dates, places, etc.)

Within the past six months, the California Nurses Association ("CNA") has, by its agents, officers and representatives, failed and refused to bargain in good faith with Alta Bates Medical Center ("Charging Party") by, including, but not limited to, failing and refusing to provide information requested by the Charging Party in a reasonably prompt manner and continuing to fail and refuse to provide requested information that is relevant and necessary for the Charging Party to evaluate the contractual violations alleged by CNA in grievance(s) of which CNA has requested arbitration.

COPY SENT NLRB
1/10/96
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3. Name of Employer ALTA BATES MEDICAL CENTER	4. Telephone No. (510) 540-4444
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5. Location of plant involved (street, city, state and ZIP code) 2850 Telegraph Avenue, Berkeley, CA 94705	6. Employer representative to contact John V. Nordlund
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7. Type of establishment (factory, mine, wholesaler, etc.) Hospital	8. Identify principal product or service Health Care	9. Number of workers employed
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10. Full name of party filing charge
ALTA BATES MEDICAL CENTER

11. Address of party filing charge (street, city, state and ZIP code) 2850 Telegraph Avenue, Berkeley, CA 94705	12. Telephone No. (510) 540-4444
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13. DECLARATION

I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.

By: John V. Nordlund, 1/10/96 **JACKSON, LEWIS, SCHNITZLER & KRUPMAN**
(signature of representative or person making charge) By: John V. Nordlund, Attorney
(title or office, if any)

Address 1100 Larkspur Landing Circle, Ste. 358 (415) 461-5899 12/20/95
Larkspur, California 94939 (Telephone No.) (date)

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT
(U. S. CODE, TITLE 18, SECTION 1001)**