

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

DO NOT WRITE IN THIS SPACE	
Case 32-CB-5885-1	Date Filed 11-22-2004

INSTRUCTIONS: File an original and 4 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 Mike Brannan	
c. Telephone No. (510) 273-2200	d. Address (street, city, state and ZIP code) 2000 Franklin Street, Suite 300 Oakland, CA 94612		
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) (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 (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) The union violates Section 8(b)(3) by failing to provide Eden Medical Center ("Eden"), the Federal Mediation and Conciliation Service, and the California State Mediation and Conciliation Service with the notices required by Section 8(d) of the National Labor Relations Act before issuing notice to strike against Eden's San Leandro Hospital campus on December 1, 2004.			

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3. Name of Employer Eden Medical Center/San Leandro Hospital campus		4. Telephone No. (510) 667-4510	
5. Location of plant involved (street, city, state and ZIP code) 13855 East 14th Street, San Leandro, CA 94578		6. Employer representative to contact Curt Kirschner, (415) 984-8828	
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital/Medical Center	8. Identify principal product or service Health Care	9. Number of workers employed Approximately 569	
10. Full name of party filing charge Eden Medical Center/San Leandro Hospital			
11. Address of party filing charge (street, city, state and ZIP code) 13855 East 14th Street, San Leandro CA 94578		12. Telephone No. (510) 667-4510	

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 Curt Kirschner / [Signature] Counsel, O'Melveny & Myers L.L.P.
(signature of representative or person making charge) (title or office, if any)
 Address F. Curt Kirschner, 275 Battery, 26th Fl, San Francisco, CA 94111 (415) 984-8828 November 22, 2004
(Telephone No.) (date)

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

COPY SENT NLRB

Date _____ By _____