

*Region 5*

FREMONT AREA OFFICE  
45201 Fremont Blvd.  
Fremont, California 94538



Phone: (510) 656-9901  
Fax: (510) 656-9904



INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA - UAW

*Jim Wells*  
Director  
(Member, International Executive Board)

*Ron Gottsfinger*  
President

*Elizabeth Burns*  
Secretary-Treasurer

November 6, 2008

Mr. Lee King, Chief of Staff  
California State Employees Association (CSEA)  
1108 "O" Street  
Sacramento, CA 95814

Dear Mr. King,

The undersigned, being duly authorized thereto, does hereby on behalf of the International UAW, and its affiliated Local No. 2350, give notice to CSEA, pursuant to the appropriate articles of the current Collective Bargaining Agreement, of our desire to modify, amend and supplement the Collective Bargaining Agreements between the parties and, failing agreement thereon, by January 31, 2009, to terminate said agreements at 12:01 a.m. on February 1, 2009, unless such termination is extended by mutual consent.

The Union wishes to meet with CSEA for the purpose of setting up time and dates for meetings to negotiate a new agreement.

We reserve the right, during the course of negotiations, to serve upon the Employer, new, additional, substitute or counterproposals, as the occasion may demand.

The above Notice of Termination is given to the Employer because of our desire to negotiate certain amendments to the existing agreements between the parties and in order to protect our rights under the agreement and the National Labor Relations Act, as amended.

Very truly yours,

Rudy Florez  
UAW International Representative

cc. Lois Kugelmass, UAW Local 2350 President  
Committee

RF:vm  
Opeiu494/noticetoCSEA

# 60-DAY NOTICE TO EMPLOYER

Date 11-3-08

To CA State Employers Association (CSEA)  
*(Name of Employer as it appears in the Contract)*

1100 "O" Street, Sacramento, CA 95814  
*(Address of Employer)*

This is a 60-day notice to you that we propose to (modify) ~~(terminate)~~ our collective bargaining contract.  
*(Strike out one)*

We hereby request you to meet and confer with us for the purpose of negotiating the terms of a (modified) ~~(new)~~ contract.  
*(Strike out one)*

The modifications which we propose are, among others, as follows:

(To be filled out if modifications are proposed.)

- 1. **Wages**
- 2. **Hours**
- 3. **Working Conditions**
- Etc. **Benefits**

While this notice is given pursuant to the Labor-Management Relations Act, 1947, the undersigned Union waives none of its rights and hereby expressly reserves all objections to the constitutionality, validity, and applicability of each and all of the provisions of said Act. **International Union, United Automobile, Aerospace and Agricultural Workers of America and its Local 2350**

*(Name of Local Union as it appears in the Contract)*

By R. Flores  
*(Name and Title of each officer signing this Notice)*  
**Rudy Flores, International Representative**

Form of Notice Approved:

11-3-08

*(Date)*

Jim Wells

Director

Region No. 5 UAW

FMCS FORM F-7  
Revised January 2003

NOTICE TO MEDIATION AGENCIES

Form Approved  
OMB NO. 3076-0004  
Expires 01-31-06

You may file this form electronically at [www.fmcs.gov](http://www.fmcs.gov)

Date Submitted: 11/07/2008 12:12:44 PM  
Confirmation ID: 464600

MAIL TO:  
NOTICE PROCESSING UNIT  
FEDERAL MEDIATION AND CONCILIATION SERVICE  
2100 K STREET, N.W.  
WASHINGTON, DC 20427

TO YOUR STATE OR TERRITORIAL MEDIATION AGENCY:  
455 Golden Gate Avenue  
San Francisco, CA 94102

You are hereby notified that written notice of proposed termination or modification of the existing collective bargaining contract was served upon the other party to this contract and that no agreement has been reached.

Type of Notice:  Existing Contract  Initial Contract  Grievance

1. IF THIS IS A HEALTHCARE INDUSTRY NOTICE: PLEASE INDICATE (MARK "X")  <input type="checkbox"/> INITIAL CONTRACT <input type="checkbox"/> EXISTING CONTRACT	2. Mark "X" AND DATE(S): <input type="checkbox"/> CONTRACT REOPENER REOPEN DATE (Month/Day/Year) ___/___/___ To be filled in only if existing contract provides for reopening for specific changes during its term or if voluntary reopener
	<input type="checkbox"/> CONTRACT EXPIRATION EXPIRATION DATE (Month/Day/Year) 11/31/2009

3. NAME OF EMPLOYER NAME/ASSOCIATION/ORGANIZATION (IF MORE THAN ONE, ATTACH A LIST OF NAMES AND ADDRESSES.)  
EMPLOYER NAME: CA State Employees Assn/

4. Street Address: 1108 "O" Street

City: Sacramento State: CA Zip Code: 95814

5. Name of Employer Representative: Lee King Title: Chief of Staff

6. Phone: ( 916-326-4283 ) Fax: ( 916-319-4808 ) E-mail Address: \_\_\_\_\_

NAME OF INTERNATIONAL UNION OR PARENT BODY \_\_\_\_\_

8. UNION NAME: UAW Reg 5 DISTRICT # \_\_\_\_\_ COUNCIL # \_\_\_\_\_ LOCAL/LODGE # 2350

9. LU Street Address: 45201 Fremont Blvd. City: Fremont State: CA Zip Code: 94538

10. LU Official to Contact: Rudy Florez Title: Intl. Representative

11. Phone: ( 559-734-5603 ) Fax: ( 510-656-9904 ) E-mail Address: RFlorez794@aol.com

12A. LOCATION OF AFFECTED ESTABLISHMENT-CITY: Sacramento STATE: CA ZIP CODE: 95814

12B. LOCATION OF NEGOTIATIONS (IF DIFFERENT FROM 12A) CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

13. NO. OF EMPLOYEES COVERED BY THIS CONTRACT 260

14. TOTAL NO. EMPLOYED AT AFFECTED LOCATION(S) 260

15. INDUSTRY AND/OR TYPE OF BUSINESS Service

16. PRINCIPAL PRODUCT OR SERVICE \_\_\_\_\_

17. THIS NOTICE IS FILED ON BEHALF OF THE: (MARK "X")  UNION  EMPLOYER

18. TYPE OF NEGOTIATIONS (MARK "X")  
 SINGLE ESTABLISHMENT  MULTI-PLANT  
 AREA OR INDUSTRY WIDE  MULTI-EMPLOYER  
 OTHER (SPECIFY) \_\_\_\_\_

19. TYPE OF EMPLOYEES COVERED (MARK "X") FOR ALL THAT APPLY  
 PROFESSIONAL/TECHNICAL  CLERICAL  
 PRODUCTION/MAINTENANCE  CONSTRUCTION  
 OTHER (SPECIFY) Service

20. NAME AND TITLE OF OFFICIAL FILING NOTICE  
Rudy Florez, Intl. Representative

21. SIGNATURE AND DATE  
R. Florez 11-6-08

PAPERWORK REDUCTION ACT NOTICE: The estimated burden associated with this collection of information is 30 minutes per respondent. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be sent to the Office of General Counsel, Federal Mediation and Conciliation Service, 2100 K Street, NW, Washington, DC 20427 or the Paperwork Reduction Project 3076-0003, Office of Management and Budget, Washington, DC 20503.



UAW, REGION 5  
510/656-9901 FAX: 510/656-9904

FACSIMILE TRANSMITTAL SHEET

TO: RUDY FLOREZ, C/- BEST WESTERN	FROM: VERONICA MORGAN
COMPANY: UAW	DATE: 11/7/2008
FAX NUMBER: 916-441-5961	TOTAL NO. OF PAGES INCLUDING COVER: 24
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

- URGENT   
 FOR REVIEW   
 PLEASE COMMENT   
 PLEASE REPLY   
 PLEASE RECYCLE

NOTES/COMMENTS:

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