

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 15-RC-225185	Date Filed August 8, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Inner Parish Security Corporation		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 43222 Pecan Ridge Dr LA Hammond 70403-0605	
3a. Employer Representative - Name and Title Michael Leto		3b. Address (If same as 2b - state same) 43222 Pecan Ridge Dr LA Hammond 70403-0605	
3c. Tel. No. (985) 542-7960	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mdleto@ipsc.biz
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services		4b. Principal product or service Contract Security Provider	
5a. City and State where unit is located: Jackson, MS			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 67
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). The Security Police Fire Professionals of America David Hickey		8b. Address 25510 Kelly Rd MI Roseville 48066-4994	
8c. Tel No. (586) 772-7250	8d. Cell No.	8e. Fax No.	8f. E-Mail Address sfpapres@sfpfa.org
8g. Affiliation, if any		8h. Date of Recognition or Certification 10/30/2017	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 08/21/18	11c. Election Time(s): 4:30 p.m.	11d. Election Location(s): Mail	

12a. Full Name of Petitioner (including local name and number) John Kabakova The Protection & Response Officers of America, Inc.		12b. Address (street and number, city, state, and ZIP code) 1870 The Exchange SE Ste 200 GA Atlanta 30339-2021	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) The Protection & Response Officers of America, Inc.			

12d. Tel No. (888) 889-7762	12e. Cell No.	12f. Fax No. (888) 886-7762	12g. E-Mail Address jkabakova@proaunion.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Jacqueline Taylor General Counsel J. Taylor & Associates, LLC		13b. Address (street and number, city, state, and ZIP code) 1870 The Exchange Suite 200 GA ATLANTA 30339-	
13c. Tel No. (770) 951-7077	13d. Cell No. (770) 951-7077	13e. Fax No.	13f. E-Mail Address jaktaylor@bellsouth.net

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

Name (Print) Jacqueline Taylor	Signature Jacqueline Taylor	Title General Counsel	Date 08/7/2018 18:58:47
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
15-RC-225185	August 8, 2018

Employees Included

All non-supervisory guards employed throughout the state of Mississippi

Employees Excluded

Office, clerical, supervisory, and professional employees, as defined by the Act

2018 AUG -8 AM 8:11
615 15-RC-225185

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

15-RC-225638

Date Filed

August 15, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer FMC,		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 12650 U.S. 43 Axis, AL 36505	
3a. Employer Representative - Name and Title Javier Hernandez, Site Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (251) 345-6074	3d. Cell No. (484) 667-1817	3e. Fax No.	3f. E-Mail Address Javier.Hernandez@fmc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) factory	4b. Principal product or service produce agricultural chemicals		5a. City and State where unit is located: Axis, AL
5b. Description of Unit Involved Included: All full-time and regular part-time production, maintenance and lab employees at the Employer's facility in Axis, AL Excluded: All temporary employees, office clerical and professional employees, guards, and supervisors as defined in the Act			6a. No. of Employees in Unit: Approximately 95 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>by petition</u> and Employer declined recognition on or about <u>no reply</u> (Date) (If no reply received, so state).		7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): September 5 and 6	11c. Election Time(s): 4-7 a.m. on 9-5 and 4-6 p.m. on 9-6	11d. Election Location(s): Multi-Purpose Building on site	
12a. Full Name of Petitioner (including local name and number) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC		12b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC			
12d. Tel No. (412) 562-2529	12e. Cell No. (412) 418-4333	12f. Fax No. (412) 562-2555	12g. E-Mail Address bmanzollilo@usw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Brad Manzollilo, USW Organizing Counsel		13b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222	
13c. Tel No. (412) 562-2529	13d. Cell No. (412) 418-4333	13e. Fax No. (412) 562-2555	13f. E-Mail Address bmanzollilo@usw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Brad Manzollilo	Signature <i>Brad Manzollilo</i>	Title Organizing Counsel	Date 8/14/18

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITIONCase No.
15-RD-226060Date Filed
8/22/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Pepsico		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 286 Judge Edward Dufresne Pkwy Luling La. 70070	
3a. Employer Representative - Name and Title Chris Swift Unit Sales Man.		3b. Address (If same as 2b - state name) 286 Judge Edward Dufresne Pkwy.	
3c. Tel. No. (504) 458-9341	3d. Fax No.	3e. Cell No. (504) 458-9341	3f. E-Mail Address christopher.swift@Pepsico.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Wholesaler		4b. Principal product or service Beverage company	
5a. Description of Unit Involved Included: Tractor, Geo Box TRAILER Excluded:			5b. City and State where unit is located: Luling, La.
6. No. of Employees in Unit 34	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Kent August Teamsters Local 270		8b. Affiliation, if any	
8c. Address 701 Elysium Fields Ave. N.O La. 70117		8d. Tel. No. 504-945-3152	8e. Cell No. 800 972-3152
		8f. Fax No.	8g. E-Mail Address K August @Teamsters270.com
9. Date of Recognition or Certification 11-14-15		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 11-17-18	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 9-5-18	13c. Election Time(s) 9 AM.	13d. Election Location(s) Pepsi in Luling, La.	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. (b) (6), (b) (7)(C)
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (See above)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 8-22-18

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
15-RD-226445Date Filed
August 28, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Franklin Electric		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 12401 Interstate 30, Little Rock, AR 72209	
3a. Employer Representative - Name and Title Mike Cleveland, Plant Manager		3b. Address (If same as 2b - state same) Same as 2b	
3c. Tel. No. 501-455-6700	3d. Fax No. 501-455-6777	3e. Cell No. 501-515-2930	3f. E-Mail Address MCleveland@fele.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Shipping & Distribution	
5a. Description of Unit Involved Included: SEE ATTACHED Excluded:			5b. City and State where unit is located: Little Rock, AR
6. No. of Employees in Unit 32	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent United Steel Workers Union Local 6433		8b. Affiliation, if any	
8c. Address P.O. Box 1410 Benton AR 72018-1410		8d. Tel. No. 501-778-3617	8e. Cell No.
		8f. Fax No. 501-778-8256	8g. E-Mail Address
9. Date of Recognition or Certification		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Oct. 31, 2018	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) none			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s) Training Room @ Franklin Electric Little Rock Facility	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title An Individual	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)
I declare that I have read the above petition and its contents and believe the facts stated therein to be true and correct.		I declare that I have read the above petition and its contents and believe the facts stated therein to be true and correct.	
Name (Print) (b) (6), (b) (7)(C)		Name (Print) (b) (6), (b) (7)(C)	
Date Filed (b) (6), (b) (7)(C)		Date Filed 8/28/18	

WILLFUL FALSE STATEMENT CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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Included: All full-time and regular part-time manufacturing employees, assembly specialists, assembly specialists/painters, machine specialists, maintenance employees, painters/general service employees, maintenance technicians, maintenance mechanics, Distribution employees, material handling specialists, and team leaders.

1337 8 5 2016

Excluded: All other employees, including office clerical and professional employees, guards, and supervisors as defined in the Act.