

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-245855	Date Filed August 1, 2019

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: HealthproMed Foundation		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2011 Ave. Borinquen, Bo. Obrero, San Juan, Puerto Rico 00915	
3a. Employer Representative - Name and Title: Ivonne I. Rivera, Executive Director		3b. Address (if same as 2b - state same): P.O. Box 14457 Bo.Obrero Station, San Juan,00916	
3c. Tel. No. 787-268-4171	3d. Cell No.	3e. Fax No. 787-919-3956	3f. E-Mail Address riveralcda@healthpromed.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Clinic		4b. Principal Product or Service Health services	5a. City and State where unit is located: San Juan, Puerto Rico
5b. Description of Unit Involved: Included: Dentists, clinical psychologists and nutritionists. Excluded: All other employees, employees belonging to unit A and C, security personnel, supervisors, and administrative personnel.		6a. Number of Employees in Unit: 6	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 07/30/19 and Employer declined recognition on or about (Date) no reply (If no reply received, so state).		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> 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)		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? No 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 and 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): August 14, 2019		11c. Election Time(s): 9 a.m. to 11 a.m. and 2 p.m. to 4 p.m.	
11d. Election Location(s): Health Center in Santurce and Carolina			
12a. Full Name of Petitioner (including local name and number): Unidad Laboral de Enfermeras/os y Empleados de la Salud		12b. Address (street and number, city, State and ZIP code): Calle Héctor Salamá #354 Urb. La Merced, San Juan, PR, 00918-2111	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):			
12d. Tel. No. 787-763-8310	12e. Cell No.	12f. Fax No. 787-763-8380	12g. E-Mail Address contacto@unidadlaboral.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: (b) (6), (b) (7)(C)		13b. Address (street and number, city, State and ZIP code): same 12b.	
13c. Tel. No. same as 12d.	13d. Cell No. (b) (6), (b) (7)(C)	13e. Fax No. same as 12f.	13f. E-Mail Address (b) (6), (b) (7)(C)
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 08/01/19

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 may cause the NLRB to decline to invoke its processes.

Case No. 12-RC-246478	Date Filed 8/13/19
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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: Southern Glazer Wine & Spirits	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4440 Old Tampa Hwy, Lakeland, FL 33811
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3a. Employer Representative - Name and Title: Jason Witty-V.P. of Operations	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 863-413-8200	3d. Cell No.	3e. Fax No. 863-688-6149	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse	4b. Principal Product or Service Wine Distributor	5a. City and State where unit is located: Lakeland, FL
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5b. Description of Unit Involved: Included: All full-time and regular part-time warehouse & yard jockeys at this location.	6a. Number of Employees in Unit: 232
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Excluded:
See attachment

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 8/13/19 and Employer declined recognition on or about (Date) no reply (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)	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No 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 and election in this matter, state your position with respect to any such election: _____ 11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 8/22/119	11c. Election Time(s): 3pm-6pm	11d. Election Location(s): Training room above back breakroom
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12a. Full Name of Petitioner (including local name and number): United Food and Commerical Workers Union, Local 1625	12b. Address (street and number, city, State and ZIP code): 705 E Orange St., Lakeland, FL 33801
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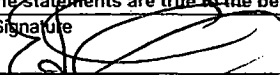
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
United Food and Commerical Workers International Union, AFL-CIO, CLC

12d. Tel. No. 863-686-1625	12e. Cell No. 863-738-0019	12f. Fax No. 863-583-3327	12g. E-Mail Address ufcw1625@aol.com
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13a. Name and Title: Ed Chambers--President	13b. Address (street and number, city, State and ZIP code): 705 E Orange Street, Lakeland, FL 33801
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13c. Tel. No. 863-686-1625	13d. Cell No. 863-738-0019	13e. Fax No.	13f. E-Mail Address ufcwedc1625@aol.com
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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) Ed Chambers	Signature 	Title President	Date 8/13/19
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Attachment for Southern Glazer Wine & Spirits

Excluded from voting unit:

All Maintenance employees

All Clerical/employees in the shipping/receiving area

All Leads

All guards and supervisors defined by the Act