UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 12-RC-244144

DO NOT WRITE IN THIS SPACE

Date Filed
7/1/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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.

PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Relational Labor. Relations desires to be certified as representative of the employees. The Petitioner of the Mathonal Labor Relations Act.    Purpose	with the NLRB and should not be ser		ny other party.	· · · · · · · · · · · · · · · · · · ·				
2a. Andress(s) of Establishment (s) involved (Street and number, city). State, 2ff code)   Authority (south 2015)   Aut	bargaining by Petitioner and Petitioner desir	es to be certified as representa	tive of the employees. The	Petitioner alleges that	the following	circumstances exist and		
3a. Employer Representative - Name and Title   Same   Sa	2a. Name of Employer	2b. /	Address(es) of Establishmen	t(s) involved (Street and	number, city,	State, ZIP code)		
Robert McCauley, General Manager  2. fet No.  3. d. Cell No.  3. d. Cell No.  3. et As No.  3. E-Mail Address mcauley@hertz.com mcauley@hertz.com mcauley@hertz.com mcauley@hertz.com final facility  8. Example of Establishment (Faciory, mine, wholesaler, atc.)  4a. Type of Establishment (Faciory, mine, wholesaler, atc.)  4a. Type of Establishment (Faciory, mine, wholesaler, atc.)  5b. Description of Unit involved Included: All Introvived Included: All Introvived Included: All Introvived All other Employees at the Employer's Fort Lauderdale Facility.  6a. No. of Employees in Unit.  1b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the first and the property of the employees in Unit wish to be represented by the member of the employees in the unit wish to be represented by the member of the employees in the unit wish to be represented by the member of the employees and the first and the employees are participating?  International Brotherhood of Teamsters  1b. Election Time(s):  1c. Cyalina Address  1c. Expl					e, FL 333°	15		
3c. Tel. No.   3d. Cell No.   3e. Fax No.   3f. E-Mail Address   3f. E	, , , ,		1 -	s 2b – state same)				
Space   Spac				31	F-Mail Addre	966		
4b. Principal product or service   Ab. Principal product or service   Ab. Description of Unit Involved   Ab. Principal product or service   Renting cars to travelers   Sa. City and State where unit is located. Ft. Bauderdale, Ft. Bauderdale, Ft. Bauderdale, Ft. Bauderdale, Ft. Bauderdale, Ft. Bauderdale   Ft.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. Odii 113.	GO, I GA IIO.	1				
Security	4a. Type of Establishment (Factory, mine, who	esaler, etc.) 4b. Principal p	roduct or service		5a. City a	nd State where unit is located:		
Included: All Instant Return Representatives at the Employer's Fort Lauderdale Facility.   Second Content of the Employee's Fort Lauderdale Facility.   Second Content of the Employee's All other Employee's at the Fort Lauderdale Facility.   Second Content of the Employee's Interest of the Employee's Interest of the Employee's Interest of the Employee's Interest of Interest	Car rental facilty	Renting cars	s to travelers		Ft. Laud	lerdale, FL		
Excluded: All other Employee's at the Fort Lauderdale Facility.    Check One:	1 ·					6a. No. of Employees in Unit:		
Excluded:  All other Employee's at the Fort Lauderdale Facility.  Check One:  7 a Request for recognition as Bargaining Representative was made on (Date)  7 b. Petitioner's (res. 7) No.  10ate) (If no reply received, so state)  7 b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.  8 b. Name of Recognized or Certified Bargaining Agent (If none, so state).  8 c. Tel No.  8 d. Cell No.  8 d. Cell No.  8 d. Cell No.  8 e. Fax No.  9 list here now a strike or picketing at the Employer's establishment(s) involved?  (Name of labor organization)  1 list on approximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of labor organization)  1 list on a proximately how many employees are participating?  (Name of	Included: All Instant Return Representativ	es at the Employer's Fort La	uderdale Facility.			6h Do a substantial number (30%		
All other Employee's at the Fort Lauderdale Facility.  Check One:  7	Excluded:				İ	or more) of the employees in the		
Check One:	All other Employees	at the Fort Lauderd:	ale Facility.					
Calle   (If no reply received, so state)   To. Petitioner is currently received, so state)   To. Petitioner is currently received, so state)   Bb. Address	Charle Once	nition of Paragining Panroons	tative was made on (Date)	n/o and E	molover decli			
70. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.   8a. Name of Recognized or Certified Bargaining Agent (if name, so state).   8b. Address   8b. Address   8c. Fax No.   8f. E-Mail Address   8f	Check One. 7a. Request for recog			- IVa and L	inployer decil	ned recognition on or about		
8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address  8g. Affiliation, if any International Brotherhood of Teamsters  9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of labor organization)  10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have daimed 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)  11c. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  11d. Election Cate(s) July 30, 2019  11d. Election Cate(s) July 30, 2019  12a. Full Name of Petitioner (including local name and number)  12a. Full Name of Petitioner (including local name and number)  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  11d. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13b. Address (Street and number, city, state, and ZIP code)  13c. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13b. Address (Street and number, city, state, and ZIP code)  13c. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13b. Address (Street and number, city, state, and ZIP code)  13c. Fax No.  13c. Fax No.  13b. Cell No.  13c. E-Mail Address  moraswell@sugarmansusskind.com  1declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.	7b. Pelitioner is curre	- ' ' '		certification under the Ad	at.			
Bc. Tel No.   Bd Cell No.   Be Fax No.   Bf. E-Mail Address	,	ning Agent (If none, so state)	. 8b. Address					
State   Stat		d Cell No	I 8e Fay No		F.Mail Addre	acc.		
International Brotherhood of Teamsters    International Brotherhood of Teamsters   International Brotherhood of Teamste	oc. renvo.	a Gen 140.	oc. rax ivo.					
9. Is there now a strike or picketing at the Employer's establishment(s) involved?	8g. Affiliation, if any		8h. Date of Recognition or					
(Name of labor organization)	International Brotherhood	of Teamsters	n/a	L L		(Month, Day, Year)		
(Name of labor organization)	9. Is there now a strike or picketing at the Empl	over's establishment(s) involve	d? no If so, approx	imately how many emplo	ovees are part	ticipating?		
10. Organizations or individuals other than Petitioner and those named in items 6 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 stafe)  None  10a. Name  10b. Address  10c. Tel. No.  10c. Fax No.  10c. Fax No.  10f. E-Mail Address  11d. Election Type: Manual Mail Mixed Manual/Mail any such election.  11b. Election Date(s): During regular work hours: 9a - 5p  11d. Election Location(s): Employer's break room  12a. Full Name of Petitioner (including local name and number)  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  12c. Full name of national or international Brotherhood of Teamsters  12d. Tel No.  12e. Cell No.  13e. Address (street and number, city, state, and ZIP code)  13a. Name and Title D. Marcus Braswell, Jr., Esq. c/o Sugarman & Susskind, P.A.  13b. Address (street and number, city, state, and ZIP code)  100 Miracle Mile, Suite 300, Coral Gables, Florida 33134  13c. Tel No.  305-202-2801  13d. Cell No.  305-206-2316  13d. Cell No.  305-447-8115  Indicate Mile, Suite 300, Coral Gables, Florida 33134  Ideclare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			1.0		,			
Rhown to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)   None	1				entatives and	other organizations and individuals		
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11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  11b. Election Date(s):     July 30, 2019     During regular work hours: 9a - 5p     Teamsters Local Union No. 769  12c. Full Name of Petitioner (including local name and number)     Teamsters Local Union No. 769  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters  12d. Tel No. 305-642-6255  12e. Cell No. 305-691-5896  13e. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title D. Marcus Braswell, Jr., Esq. c/o Sugarman & Susskind, P.A.  13b. Address (street and number, city, state, and ZIP code) 12c. Fax No. 305-691-5896  12d. Tel No. 305-691-5896  13d. Cell No. 305-691-5896  13d. Cell No. 305-692-2801  13d. Cell No. 305-206-2316  13d. Cell No. 305-447-8115  Indeclare that I have read the above petition and that the statements are true to the best of my knowledge and belief.	L	. AOb Address	<del>.</del>	100 Tol No		10d Call No		
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any such election.  11b. Election Date(s): July 30, 2019  11d. Election Time(s): During regular work hours: 9a - 5p  12a. Full Name of Petitioner (including local name and number) Teamsters Local Union No. 769  12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters  12d. Tel No. 305-642-6255  12e. Cell No. 305-642-6255  12e. Cell No. 305-891-5896  12g. E <sub>3</sub> Mail Address dOn 7 69@bellsouth.net  13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title D. Marcus Braswell, Jr., Esq. c/o Sugarman & Susskind, P.A.  13b. Address (street and number, city, state, and ZIP code) 100 Miracle Mile, Suite 300, Coral Gables, Florida 33134  13c. Tel No. 305-290-2801  13d. Cell No. 305-206-2316 305-447-8115  Ideclare that I have read the above petition and that the statements are true to the best of my knowledge and belief.	∣_n/a			10e. Fax No.		10f. E-Mail Address		
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During regular work hours: 9a - 5p  Employer's break room  12a. Full Name of Petitioner (including local name and number)  Teamsters Local Union No. 769  12b. Address (street and number, city, state, and ZIP code) 12365 W. Dixie Highway, North Miami, FL 33161  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  International Brotherhood of Teamsters  12d. Tel No. 305-642-6255  786-473-8275  13e. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title  D. Marcus Braswell, Jr., Esq. c/o Sugarman & Susskind, P.A.  13b. Address (street and number, city, state, and ZIP code) 100 Miracle Mile, Suite 300, Coral Gables, Florida 33134  13c. Tel No. 305-829-2801  13d. Cell No. 305-206-2316  305-447-8115  Employer's break room  12b. Address (street and number, city, state, and ZIP code) 100 Miracle Mile, Suite 300, Coral Gables, Florida 33134  13f. E-Mail Address mbraswell@sugarmansusskind.com  I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.	any such election.							
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13a. Name and Title D. Marcus Braswell, Jr., Esq. c/o Sugarman & Susskind, P.A. 13b. Address (street and number, city, state, and ZIP code) 100 Miracle Mile, Suite 300, Coral Gables, Florida 33134 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 305-29-2801 305-206-2316 305-447-8115 mbraswell@sugarmansusskind.com		2e. Cell No.	12f. Fax No.	1	I2g. E₃Mail Ad	ldress, 11 (1		
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	305-529-2801				braswell@su	garmansusskind.com		
News (Original Connections 77 3 Title								
Name (Print) Signature Title Date D. Marcus Braswell, Jr. June 28, 2019	Name (Print) Signa		Title Attorney		Date June 28, 20	019		

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.

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No.

Date Filed

DO NOT WRITE IN THIS SPACE

**RC PETITION** 

12-RC-244226

7/2/2019

INSTRUCTIONS: Unless e-Filed us employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 481	he petition managed in the	ust be accomp e petition of: (1	anied by i) the per	y both a s tition; (2)	showing of interest (see Statement of Position fo	6b below) and orm (Form NLF	a certificate RB-505); and	of service sl (3) Descripti	howing ser on of Repr	vice on resentation
PURPOSE OF THIS PETITION: For bargaining by Petitioner and Petitioner and Petitioner states that the National Laboratory	ioner desires t	o be certified as	s represe	ntative of	the employees. The Petit	tioner alleges t	hat the follo	wing circums	stances ex	
2a. Name of Employer: Autonation Mercedes Ben Pines		oroke			f Establishment(s) involve Blvd., Pembroke				de):	
3a. Employer Representative - Nam Enrique Castro, Director o			3b. Add Same	•	me as 2b - state same):					
3c. Tel. No. 954-644-5035	3d. Cell No. 954-864-				17-8629	3f. E-Mail A Castroe(	@autonat			
4a. Type of Establishment (Factory, r Service Center	mine, wholesa	ler, etc.)			ipal Product or Service Service and Maint	enance	Pembro	State where ke Pines	, Florid	
5b. Description of Unit Involved: Included: All full time mechanics ar	nd automo	tive techni	cians				32	of Employees		
Excluded: All other employees							of the e	bstantial numl mployees in th nted by the Pe	e unit wish etitioner?	to be
	rrently recogn	(If noized as Bargain	o reply re ing Repr	eceived, so esentative	o state). e and desires certification		d Employer d	eclined recogn	nition	
8a. Name of Recognized or Certific None	ed Bargaining	Agent (If none	e, so stat	e) 8b. A	Address:					
8c. Tel. No.	8d. Cell No.			8e. Fax N	No.	8f, E-Mail A	ddress			
8g. Affiliation, if any:  8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year)										
Is there now a strike or picketing a     (Name of Labor Organization)	at the Employe	er's establishme	nt(s) invo	olved? No	O If so, approxir	nately how mar				nr)
Organizations or individuals othe individuals known to have a representation.	r than Petition esentative inte	ner and those na erest in any emp	amed in it	tems 8 and the unit o	d 9, which have claimed r described in item 5b abov	ecognition as r	epresentative			
10a. Name	1	10b. Address				10c. Tel. N	э.	10d. Cell No.		
						10e. Fax N	0.	10f. E-Mail A	ddress	
11. Election Details: If the NLRB co	onducts and el	ection in this ma	atter, sta	te your po	sition with respect to any		X Manua	I 🗌 Mail	Mixed	Manual/Mail
11b. Election Date(s): August 6, 2019	11b. Election Date(s): August 6, 2019  11c. Election Time(s): 11:00 am - 1:30 pm					Front co		room at t	he site	
12a. Full Name of Petitioner (including local name and number): Federation of Private Employees, A Division of the Nat'l Federation of Public & Private Employees, AFL-CIO  12b. Address (street and number, city, State and ZIP code): 1700 NW 66th Ave., Suite 100-B Plantation, Florida 33313										
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National Federation of Public & Private Employees, AFL-CIO										
12d. Tel. No. 954-797-7575 12e. Cell No. 954-648-0399 12f. Fax No. 954-797-2922 12g. E-Mail Address guy.masters@federationmembers.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.					org					
13. Representative of the Petitione 13a. Name and Title: Lucia Piva, Esq., Union Atte		ccept service c	of all pap	13b. Add	urposes of the represend dress (street and number, SW 72 Street, Miam	, city, State and	ZIP code):			
13c. Tel. No. 305-412-8322	Tel. No. 13d. Cell No. 13e. Fax No. 305-412-8322 786-443-6187 305-412-8299			12-8299	13f. E-Mail Address lpiva@phillipsrichard.com					
I declare that I have read the above Name (Print)	e petition an	d that the state Signatur		re true to		Title				Date 7/2/2010
Lucia Piva Union Attorney 7/2/201				7/2/2019						

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
12-RC-244411	7/5/19				

								<u> </u>	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 481	he petition must be named in the pet	e accompanie ition of: (1) the	d by both a s petition; (2)	howing of interest (se Statement of Position	e 6b below) and form (Form NLI	l a certificat RB-505); an	e of service si d (3) Descripti	howing service on ion of Representation	
PURPOSE OF THIS PETITION: R     bargaining by Petitioner and Petiti     requests that the National Labo	oner desires to be	certified as rep	resentative of	the employees. The Pe	titioner alleges	that the foll	owing circum	stances exist and	
2a. Name of Employer: Sysco South Florida, Inc.		12:	500 N.W.	f Establishment(s) invol 112th Avenue 33178-1055	ved (Street and r	number, City	State, ZIP cod	de):	
3a. Employer Representative - Nam John Abreu, Operations M		etor Sar		me as 2b - state same):					
3c. Tel. No. (305) 561-5421	3d. Cell No.	· ,	3e. Fax N	to. 653-0238	3f. E-Mail A john.abr	ddress eu@syso	co.com		
4a. Type of Establishment (Factory, n Food Processing	nine, wholesaler, e	tc.)		pal Product or Service ε supplies and de	eliveries	5a. City an Miami	d State where , FL	unit is located:	
5b. Description of Unit Involved: Included: All Warehouse employees	in the attach	ed job clas	sifications	s list.	,	6a. Numbe 120	er of Employees	s in Unit:	
Excluded: All other employees at the	<u>-</u>	, ,		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	of the e	employees in the ented by the Pe	per (30% or more) e unit wish to be titioner? ☑ Yes ☐ No	
	rently recognized a	(If no rep as Bargaining R	ly received, so representative			d Employer o	declined recogr	iition	
8a. Name of Recognized or Certifie n/a	d Bargaining Age	nt (If none, so	state) 8b. A	ddress:					
8c. Tel. No.	8d. Cell No.		8e. Fax N	ło.	8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any: International Brotherhood	of Teamsters	3	8h. Date of I n/a	8h. Date of Recognition or Certification $n/a$ 8i. Expiration Recent Contract $n/a$			n Date of Current or Most tract, if any (Month, Day, Year)		
<ol> <li>Is there now a strike or picketing at (Name of Labor Organization)</li> </ol>	t the Employer's es	tablishment(s)	involved? no	If so, approx	dimately how man		s are participat er since (Montl		
Organizations or individuals other individuals known to have a repre					recognition as re	epresentative			
10a. Name n/a	10b. A	ddress			10c. Tel. No	<b>D</b> .	10d. Cell No.		
					10e. Fax No	10e. Fax No. 10f. E-Mail Address			
11. Election Details: If the NLRB cor	nducts and election	in this matter,	state your pos	sition with respect to any	y such election:	11a. Election		Mixed Manual/Mail	
11b. Election Date(s): 11c. Election Time(s):				11d. Election	11d. Election Location(s):				
12a. Full Name of Petitioner (include Teamsters Local Union No		l number):		12b. Address (street 12365 W. Dixi				33161	
12c. Full name of national or internati International Brotherhood	onal labor organize of Teamsters	ation of which P	Petitioner is an	affiliate or constituent (	if none, so state).	:			
12d. Tel. No. 305-642-6255 12e. Cell No. 12f. Fax No. 12g. E-Mail Address dvera@teamsterslocal769.org					org				
<ul> <li>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</li> <li>13a. Name and Title: <ul> <li>13b. Address (street and number, city, State and ZIP code):</li> <li>100 Miracle Mile, Suite 300, Coral Gables, FL 33134</li> </ul> </li> </ul>									
13c. Tel. No. 305-529-2801	13d. Cell No. 305-206-231		13e. Fax No. 305-447-8115				armansussl	kind.com	
I declare that I have read the above Name (Print)	petition and that	the statement	ts are true to	the best of my knowle	Title		. —	Date	
D. Marcus Braswell, Jr.		<b>£</b> ).	7-	ZEIN.	Attorney			7/5/2019	

### **Job Classification (Job Titles)**

- 1. Cycle Counter
- 2. Facility Tech I
- 3. Fleet Technician II, Journeyman
- 4. Fleet Technician III, Master
- 5. Forklift Operator Let Down
- 6. Forklift Operator, Putaway
- 7. Inbound (Will Call) Selector
- 8. Inbound Receiver '
- 9. MHE Tech II
- 10. O-OBSelector
- 11. Outbound Loader
- 12. Outbound Selector
- 13. Outbound Selector Medley
- 14. Outbound Short Runner
- 15. Outbound Warehouse Clerk
- 16. QA Inspector
- 17. QA Produce Inspector
- 18. Returns Putaway

FORM NLR8-502 (RC) (2-18)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN	THIS SPACE
Case No.	Date Filed
12-RC-244554	07/09/2019

**RC PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nitb.gov/, submit en 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Autonation Mercedes Benz of Pembroke 14199 Pines Blvd., Pembroke Pines, Florida 33027 Pines 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Enrique Castro, Director of Service Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 954-517-8629 954-644-5035 954-864-9279 Castroe@autonation.com 4a. Type of Establishment (Fectory, mine, wholeseler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Auto Service and Maintenance Pembroke Pines, Florida Service Center 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 32 All full time mechanics and automotive technicians 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? [☒] Yes ☐ No Excluded: All other employees 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) 8b. Address: None 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification Bi. 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? has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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 10d. Cell No. 10c. Tel. 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: 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): August 6, 2019 11:00 am - 1:30 pm Front conference room at the site 12b. Address (street and number, city, State and ZIP code): 1700 NW 66th Ave., Suite 100-B 12a. Full Name of Petitioner (including local name and number): Federation of Private Employees, A Division of the Nat'l Plantation, Florida 33313 Federation of Public & Private Employees, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National Federation of Public & Private Employees, AFL-CIO 12f. Fax No. 954-797-2922 12e. Cell No. 12g. E-Mail Address 954-648-0399 954-797-7575 guy.masters@federationmembers.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 9360 SW 72 Street, Miami, Florida 33173 Lucia Piva, Esq., Union Attorney 13d. Cell No. 13f. E-Mall Address 13c. Tel. No. 13e. Fax No. 305-412-8322 305-412-8299 786-443-6187 lpiva@phillipsrichard.com 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) Title Date 7/9/2019 Kathleen M. Phillips, Esquire Union Attorney

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.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Çase No	Date Filed					
12-RC-245549	07/26/19					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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 PETITIONRC-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 Employe 2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) BERING SEA ENVIRONMENTAL 18510 NFS53, ALTOONA, FL 32702 3a. Employer Representative - Name and Title 3b. Perent Company Address (If same as 2b - state same PHILLIP MACKEPRANG 3801 C STRÉET, ANCHORAGE, AK 99503 3d. Cell No. 3e. Fax No. 3d. E-Mall Addres PHILLIP.MACKEPRANG.CTR@NAVY.MIL 352-759-3204 352-759--2949 4a. Type of Establishment (Factory, mine, wholesaler. etc.) 4b. Principal product or service 5a. City and State where unit is located: **EXPLOSIVE ORDINANCE DISPOSAL GOVERNMENT CONTRACTOR** ALTOONA, FL 5b. Description of Unit Involved 6a. No. of Employees in Unit; ncluded: ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE: EOD TECHS, 1,2,3 WORKING AT 6b. Do a substantial number (30% THE COMPANY'S FACILITY AT THE PINECASTLE BOMBING RANGE IN ALTOONA, FL. or more) of the employees in the unit wish to be represented by the Petitioner? Yes 🗹 No 🗔 OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT. Check One 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or ebout \_\_\_\_(date) (if no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. ecognized or Certified Bargaining Agent (if none, so state).

8b. Address NONE N/A 8d. Cell No. N/A 8c. Tel. No. 8e. Fax No 8f. E-Mail Address N/A N/A N/A 8g. Affiliation, If any 8h. Date of Recognition or Certification 81. Expiration Date of Current or Most Recont Contract, If any (Month, Day, Year) N/A N/A 9. is there now a strike or picketing at the Employers establishment(s) involved? N/A If so, approximately how many employees are participating? 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. N/A 10a, Fax No. N/A 10f. E-Mail Address N/A N/A Election Type:

Manual Mail 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Ejection Location(s) 18510 NFS53, BUILDING 120, ALTOONA, FL **AUGUST 13, 2019** 7:00 AM - 8:00 AM 12 a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011 IAMAW, AFL-CIO 12c. Full name of national or international labor organization of which Paulioner is an affiliate or constituent (*It none*, so state)

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO 12e. Cell No. 12t. Fax No 12g. E-Mail Address 817-505-0100 817-459-0107 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Tibe 13b, Address (street and number, city, state, and ZIP code) JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011 13d. Cell No. 13e. Fax No. 13d. E-Mail Address 817-505-0100 682-401-7835 JLITTLE@IAMAW.ORG 817-459-0107 I declare that I have read the above Petition and that the st onts are true to the best of my knowledge and belief. Title ... **GRAND LODGE REPRESENTATIVE** 7/26/2019 JAMES R. LITTLE 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.0 § 161 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.

Check One:

NONE

8a. Name of Recognized or Certifled Bargaining Agent

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT W	RITE IN THIS SPACE
Çase No.	Date Filed
12-RD-245705	7/30/19

and Employer declined recognition on or about

RD PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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: 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 Patitioner 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 2b. Address(ea) of Establishment(s) involved (Street and number, city, State, ZIP code) 2510 Jetport Dr, Orlando, FL 32809-8146 DOLLAR THRIFTY AUTOMOTIVE GROUP, INC. 3b. Address (If same as 2b - state same) 3s. Employer Representative - Name and Title SAME AS ABOVE DEREK S. KAMERER, GENERAL MANAGER 3f. E-Mall Address 3c, Tel, No. 3d, Cell No. 3e. Fax No. (407)825-3252 (407)825-3959 (404)216-7479 DKamerer@hertz.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a, City and State where unit is located:

RENTAL CAR COMPANY Orlando, FL CAR RENTAL 5b. Description of Unit Involved Ba. No. of Employees in Unit: included: All full-time and regular part-time instant return agents, lead instant return agents, express agents, lot 6b. Do a substantial number (30% attendants, and lead lot attendants employed by the Employer at its facility located at the Orlando International Airport, or more) of the employees in the 9201 Airport Boulevard, Orlando, Florida. unit no longer wish to be represented by the pertified or currently recognized bargaining Excluded: All other employees, guards and supervisors as defined in the Act. representative? Yes [X] No [

86. Аффгева

5448 Hoffner Avenue, Stc. 204, Orlando, FL 32812-2513 UNITED SERVICE WORKERS UNION, INTERNATIONAL UNION OF JOURNEYMEN AND ALLIED TRADES, LOCAL 74 8s. Fax No. Sc. Tel No. 8d Cell No. local74@bellsouth.net (407)273-8021 (407)259-1820 (407)273-4042 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) UNITED SERVICE WORKERS UNION, INTERNATIONAL July 27, 2019 UNION OF JOURNEYMEN AND ALLIED TRADES July 21, 2016 If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_\_No\_\_\_ has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than those named in items 8 and 9, which have daimed 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 10c, Tel. No. 10d. Cell No. 10a. Name 10b. Address 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 11a. Election Type: X Manual Mail Mixed Manual/Mail any auch election. 11b. Election Date(s): August 14, 2019 11c. Election Time(s): 8:00 a.m. to 9:00 a.m. 11d. Election Location(s): Employer's Conference Room, A AND 4:00 p.m. to 5:00 p.m. Side, Orlando International Airport Full Name of Petitionar 12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) an Individual

12q. E-Mail Address 12e. Cell No. (b) (6), (b) (7)(C) 12f. Fax No. 12d. Tel No b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

an Individual (b) (6), (b) (7)(C) mational labor organization of which Petitioner is an affiliate or constituent (if none, so state)

13b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) SAME AS ABOVE 13f, E-Meil Address 13d. Cell No. 13e. Fax No.

SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE

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) Name (Print) (b) (6), (b) (7)(C)

7a. Request for recognition as Bargaining Representative was made on (Date) \_

(Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

(b) (6), (b) (7)(C) BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1991) WILLFUL FALSE STATEMENTS ON THIS PETITION CAN B

#### 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 seg. 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-NLRB to decline to invoke its processes.

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
12-RC-244832	July 15, 2019					

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 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 <u>not</u> b								
<ol> <li>PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner</li> </ol>	CERTIFICATION OF er desires to be certif	REPRESENTATi ied as representati	VE - A su ve of the e	bstantial number mployees. The	Petitioner alleges th	hat the following	ng circumstances exist and	
requests that the National Labor R  2a. Name of Employer	elations Board prod				t(s) involved (Street			
Puerto Rico Coffee Roaster, LLC					é, Ponce PR 001		y, State, ZIP Code)	
3a. Employer Representative – Name		2022			s 2b – state same)	/1/		
Ronald Vilanova Giulani, Manage				E AS ABOVE	s 2b – state same)			
Ronald Vilanova Glulani, Manage	er		SAMI	AS ABOVE				
3c. Tel. No.	3d. Cell No.		3e. Fax	No		3f. E-Mail Add	free	
(787)842-3160	Su. Cell No.		Se. Fax	NO.			vaucono.com	
4a. Type of Establishment (Factory, min	e wholessler etc l	4b. Principal pro	duct or se	rvice			and State where unit is located:	
factory/manufacture	e, wholesaler, etc.)	coffee	duct or se	I VICE		Ponce		
5b. Description of Unit Involved		Conce				1 once	6a. No. of Employees in Unit:	
			4	.11		C1	32	
included: All production workers	s, operators, mech	ianics, and quair	ity contro	oi empioyees	employed by the	Employer at	6b. Do a substantial number (30%	
its facility in Ponce, Puerto Rico.							or more) of the employees in the	
		~					unit wish to be represented by the	
Excluded: Guards, supervisors an	id managers as de	fined by the Act					Petitioner? Yes [X] No []	
Check One: 7a. Request for	or recognition as Barg	gaining Representa	tive was n	nade on (Date) _	an	d Employer de	clined recognition on or about	
	(Date)	(If no reply receive	d, so state	).				
7b. Petitioner i	is currently recognize	ed as Bargaining R	epresenta	tive and desires	certification under the	Act.		
8a. Name of Recognized or Certified I				8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	fress	
			L					
8g. Affiliation, if any			8h. Date	of Recognition or	r Certification		Date of Current or Most Recent	
						Contract, if an	y (Month, Day, Year)	
9. Is there now a strike or picketing at th	e Employer's establis	shment(s) involved	? <u>No</u>	If so, app	proximately how man	y employees ar	e participating?	
(Name of labor organization)		has picke	ted the Er	mployer since (M	lonth, Day, Year)			
10. Organizations or individuals other the	an Petitioner and tho	se named in items	8 and 9, w	hich have claime	ed recognition as rep	resentatives an	d other organizations and individuals	
known to have a representative interest	in any employees in	the unit described i	n item 5b	above. (If none,	so state)			
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.	
					10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB condu	ucts an election in thi	s matter, state you	r position (	with respect to	11a. Election Type	: X Manual	Mail Mixed Manual/Mail	
any such election.					11d. Election Location(s):			
11b. Election Date(s): 11c. Election Time(s):						. ,	-111 (2022 DI VC I1- A	
August 2, 2019 2:00 p.m4:00 p.m.				Cafeteria at Employer's facility (2822 BLVS			cility (2822 BLVS Luis A	
					Ferre, Ponce P			
12a. Full Name of Petitioner (including		ımber)		12b. Address (street and number, city, state, and ZIP code)				
Programa de Solidaridad, PROSO					P O Box 9063 S	San Juan, PR	00908	
12c. Full name of national or international	al labor organization	of which Petitioner	is an affilia	ate or constituent	t (if none, so state)			
12d. Tel No.	12e, Cell No.		12f. Fax	No.	1	12g. E-Mail A	ddress	
(787)724-6118	(787)368-62	10	(787)7	24-6149			leduc@gmail.com	
13. Representative of the Petitioner w			_ \ /		entation proceeding			
13a. Name and Title		pp			number, city, state,	•	İ	
Luis Pedraza Leduc, Coordinator						and ZIP code)		
				P O Box 9063 San Juan, PR 00908  13e. Fax No. 13f. E-Mail Address			droce	
SAME AS ABOVE	SAME AS	FOVE /	SAME AS ABOVE SAME AS ABOVE					
I declare that I have read the above petition and that he statements are true to the best of my knowledge and belief.								
Name (Print)	Signature		Title			Date /.	-7-2019	
Luis Pedraza Leduc		100	Coord	mator		, , •	1 1011	

WILLFUL FALSE STATEMENTS ON THIS ETITION 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. 1-2527366551