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-248005	9-11-19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov/1], submit an original of this Petition to an NLRB office in the Region in which the

employer concerned is locate the employer and all other pai Case Procedures (Form NLRE	rties named in the	petition of: (1)	the petit	tion; (2) S	Statement of Position	form (F	Form NLRI	B-505); an	d (3) Description of Re	presentation
PURPOSE OF THIS PETITION     bargaining by Petitioner and I     requests that the National L	Petitioner desires to	be certified as	represen	tative of t	he employees. The Pe	etitioner	alleges th	nat the foll	owing circumstances	
1 1 7				ddress(es) of Establishment(s) involved ( <i>Street and number, City, State, ZIP code</i> ): 6 Jewel Avenue Tampa, Florida 33619						
3a. Employer Representative - Dennis Cruz H.R. Genera		■ _			ess (if same as 2b - state same): as above					
3c. Tel. No.	3d. Cell No.		[3	e. Fax No			E-Mail Ad			A
(813)744-5045			١,	\X\I	31620-350	15   r	Jenn.	15.CR	42 (2) 600 H1	Desource.co
4a. Type of Establishment <i>(Facto</i> Battery resource recov				b. Princip Smelte	pal Product or Service				d State where unit is lo	
5b. Description of Unit Involve Included: See attachment 1	d:						T .	6a. Numbe 240	er of Employees in Unit:	
Excluded: See attachment 1					• •			of the e	ubstantial number (30% employees in the unit wi ented by the Petitioner?	sh to be
Check One: 🔀 7a. Request fo on or about (D	ate) 09/10/1	19 (lf no	reply rec	eived, so		/10/19 on under		Employer	declined recognition	
8a. Name of Recognized or Ce	<u>`</u>	<del></del>	<del>-</del> -		ddress:					
8c. Tel. No.	8d. Cell No.	· · · · · · · · · · · · · · · · · · ·		Be. Fax No	o. :	I 8f.	E-Mail Ad	dress		
					· •					
8g. Affiliation, if any:	Affiliation, if any:  8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year)									
9. Is there now a strike or picketi	ng at the Employer	's establishment	(s) involv	red?	If so, approx	ximately	how many	employee	s are participating?	
(Name of Labor Organization)						, has	picketed t	he Employ	er since (Month, Day, Y	ear)
10. Organizations or individuals individuals known to have a									es and other organization	ns and
10a. Name	10	b. Address				104	c. Tel. No.		10d. Cell No.	
						10	e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLR	B conducts and ele	ction in this mat	ter, state	your posi	tion with respect to any	y such e		1a. Electio	<u> </u>	d Manual/Mail
11b. Election Date(s): 10/03/19		c. Election Time am-7am and		-8pm		110 C	d. Election onferen	Location(s	s): m/Board Room	1st Floor
12a. Full Name of Petitioner (in International Brotherho Union 108			Local		12b. Address (street 10108 highway					
12c. Full name of national or inte International Brotherhood	_				-	-	-	Organiz	ations	
12d. Tel. No. (813)621-2418	12e. Cell No.				1		g. E-Mail Address powden@ibew108.org			
13. Representative of the Petit	ioner who will acc	ept service of a								
13a. Name and Title: Doug Bowden/ Business	Manager/Finar	ncial Secreta			ess (street and number Highway 92 East 1					1
13c. Tel. No. (813)621-2418	13d. Cell No. (813)482-3	578		13e. Fax f (813)62		- 1	if. E-Mail A bowden@		3.org	
I declare that I have read the a	bove petition and	that the statem	ents are	true to t	he best of my knowle					
Name (Print) Sova Bo	wden	Signature	بدير		swell	Title	) US IN	ess N	MNAGOR	P-10-19

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

### Attachment 1

**Include** all Fulltime and part time employees in the following departments:

Baghouse

Crib Attendant

Furnace

**General Plant** 

Hygiene

Maintenance

Mtr. Operator

Polusion C (control)

Refining

**RMPC** 

Safety & Hygiene

Shipping

Sweeper

Warehouse

Water Treatment

**WWT- Waste Water Treatment** 

Yard Dog

**Exclude:** All clerical, supervisors, management, guards and all others defined by the law.

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
12-RC-248271	16SEP19				

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 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) 2011 Ave. Borinquen, Bo. Obrero, San Juan, Puerto Rico 00916 Healthpromed Foundation 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) PO Box 14457 Bo. Obrero Station, San Juan, Puerto Rico 00916 Lic. Ivonne I. Rivera - Executive Director 3c, Tel. No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 787-268-4171 787-919-3956 riveralcda@healthpromed.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Health Care Facility Health Care services San Juan, Puerto Rico 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All regular full time and part-time Technicians, including Pharmacy assistants and Radiology technicians 6b. Do a substantial number (30% employed by the Employer in its Santurce facility. or more) of the employees in the Excluded: All other employees, medical technologists, clerical and administrative employees, managerial personnel, unit wish to be represented by the guards and supervisors as defined in the Act Petitioner? Yes [ X ] No [ 7a. Request for recognition as Bargaining Representative was made on (Date) 16SEP19 and Employer declined recognition on or about Check One: 16SEP19 (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 N/A 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address N/A 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Yeaa N/A 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) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name N/A 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 Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Conference Room 3rd floor at Santurce facility 9:00 - 11:00am and 2:00 - 4:00pm 010CT19 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (Including local name and number) 354 C/ Héctor Salamán, Urb. La Merced, San Juan PR 0916 Unidad Laboral de Enfermeras(os) y Empleados de la Salud 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) N/A 12f. Fax No. 12g. E-Mail Address 12d. Tel No. (787) 840-2323 idiaz@unidadlaboral.com (787) 364-8196 (787) 840-2323 13. 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) Harold Hopkins, Legal Counsel 354 Calle Hector Salamán Urb. La Merced, San Juan PR 00918 13e. Fax No. 13f. E-Mail Address 13c. Tel No 13d, Cell No. (787) 763-8380 snikpohh@yahoo.com (787) 763-8310 (787) 526-4903 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) Signature 16SEP19 Union representative/Organizer Justiniano Díaz

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

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.

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Signatur

Name (Print)

Justiniano Díaz

DO NOT WRITE IN THIS SPACE				
Case No. 12-RC-248275	Date Filed			
	16SEP19			

16SEP19

RC PETITION 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 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) Healthpromed Foundation 2011 Ave. Borinquen, Bo. Obrero, San Juan, Puerto Rico 00916 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Lic. Ivonne I. Rivera - Executive Director PO Box 14457 Bo. Obrero Station, San Juan, Puerto Rico 00916 3c. Tel. No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 787-919-3956 787-268-4171 riveralcda@healthpromed.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Health Care services San Juan, Puerto Rico Health Care Facility 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All regular full time and part-time Physical plant employees employed by the Employer in its Santurce 6b. Do a substantial number (30% facility. or more) of the employees in the Excluded: All other employees, medical technologists, clerical and administrative employees, managerial personnel, unit wish to be represented by the guards and supervisors as defined in the Act Petitioner? Yes [ X ] No [ ] 7a. Request for recognition as Bargaining Representative was made on (Date) 16SEP19 and Employer declined recognition on or about Check One: 16SEP19 (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 N/A 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. N/A 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Yeaa N/A 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) 10d. Cell No. 10b. Address 10c. Tel. No. 10a. Name N/A 10f, E-Mail Address 10e. Fax No. 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 such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): Conference Room 3rd floor at Santurce facility 9:00 - 11:00am and 2:00 - 4:00pm 010CT19 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (Including local name and number) 354 C/ Héctor Salamán, Urb. La Merced, San Juan PR 0916 Unidad Laboral de Enfermeras(os) y Empleados de la Salud 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) N/A 12q, E-Mail Address 12f Fax No. 12d. Tel No. idiaz@unidadlaboral.com (787) 364-8196 (787) 840-2323 (787) 840-2323 13. 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) Harold Hopkins, Legal Counsel 354 Calle Hector Salamán Urb. La Merced, San Juan PR 00918 13f. E-Mail Address 13e. Fax No. 13d. Cell No. 13c. Tel No snikpohh@yahoo.com (787) 526-4903 (787) 763-8380 (787) 763-8310 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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

PRIVACY ACT STATEMENT

Union representative/Organizer

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Justiniano Díaz

### **UNITED STATES GOVERNMENT** NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.
12-RC-248

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
12-RC-248276	16SEP19			

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 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) Healthpromed Foundation 2011 Ave. Borinquen, Bo. Obrero, San Juan, Puerto Rico 00916 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Lic. Ivonne I. Rivera - Executive Director PO Box 14457 Bo. Obrero Station, San Juan, Puerto Rico 00916 3c, Tel. No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 787-919-3956 787-268-4171 riveralcda@healthpromed.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Health Care services San Juan, Puerto Rico Health Care Facility 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All regular full time and part-time Clerks employed by the Employer in its Santurce facility, including 6b. Do a substantial number (30% Medical records clerks. or more) of the employees in the Excluded: All other employees, medical technologists, clerical and administrative employees, managerial personnel, unit wish to be represented by the guards and supervisors as defined in the Act Petitioner? Yes [ X ] No [ 7a. Request for recognition as Bargaining Representative was made on (Date) 16SEP19 and Employer declined recognition on or about Check One: 16SEP19 (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 Certifled Bargaining Agent (If none, so state). 8b. Address N/A 8e. Fax No. 8f. E-Mail Address 8c. Tel No. 8d Cell No. N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Yeaa N/A 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 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) 10c Tel No 10d. Cell No. 10a, Name 10b. Address N/A 10f. E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: xx Manual Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): Conference Room 3rd floor at Santurce facility 9:00 - 11:00am and 2:00-4:00pm 010CT19 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 354 C/ Héctor Salamán, Urb. La Merced, San Juan PR 0916 Unidad Laboral de Enfermeras(os) y Empleados de la Salud 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) N/A 12g. E-Mall Address 12f. Fax No. 12d. Tel No. 12e. Cell No. idiaz@unidadlaboral.com (787) 840-2323 (787) 364-8196 (787) 840-2323 13. 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) Harold Hopkins, Legal Counsel 354 Calle Héctor Salamán Urb. La Merced, San Juan PR 00918 13f. E-Mail Address 13c. Tel No 13d, Cell No. 13e. Fax No. snikpohh@yahoo.com (787) 526-4903 (787) 763-8380 (787) 763-8310 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print)

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

Union representative/organizer

16SEP19

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.

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed		
12-RC-248267	16SEP19		

INSTRUCTIONS: Unless e-Filed us								
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 serv								
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>no</u>	be served on	the employer	or any other party.					
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner do requests that the National Labor Related	esires to be certific	ed as representati	ve of the employees. The l	Petitioner alleges th	at the following	circumstance	f collective es exist and	
2a. Name of Employer	ions Board proc	cca ander its pre	2b. Address(es) of Esta				e, ZIP code)	
Healthpromed Foundation			2011 Ave. Boring		, San Juan, F	uerto Rico	00916	
3a. Employer Representative - Name and			3b. Address (If same as					
Lic. Ivonne I. Rivera – Executive			PO Box 14457 Bo	. Obrero Station.			10916	
3c. Tel. No	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr		mad ana	
787-268-4171 4a. Type of Establishment (Factory, mine, w	tholosaler etc.)	4b. Principal pro	787-919-3956			healthpron	ned.org unit is located:	
Health Care Facility	moresarer, etc.)	Health Care				ian, Puerto	_	
5b. Description of Unit Involved		Tituliai Gait	30.7.1003		1		ployees in Unit:	
included: All regular full time and	regular part-tim	ne Medical tech	nologists employed by	the Employer in	its Santurce	2		
facility.			_	6b. Do a substantial or more) of the empty s, managerial personnel, guards and supervisors as				
defined in the Act.						Petitioner? Ye	es [X]No[]	
		rgaining Represe v received, so stat	ntative was made on (Date) e).	) <u>16SEP19</u> and E	mployer declined	t recognition on	or about	
			epresentative and desires	certification under the	Act.			
8a. Name of Recognized or Certified Bar N/A		none, so state).	8b. Address		·		·····	
8c. Tel No.	8d Cell No.		Be. Fax No.		8f. E-Mail Addr	ess		
N/A 8g. Affiliation, if any N/A			8h. Date of Recognition or		Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Yeaa			
		h	o No Karan					
9. Is there now a strike or picketing at the E	mpioyers establis	nment(s) involved	eted the Employer since (M	proximately how man	ly employees are	participating?		
(Name of labor organization)  10. Organizations or individuals other than l					meantatives and	other emaniza	tions and individuals	
known to have a representative interest in a	ny employees in t	the unit described	in item 5b above. (If none,	so state)	resentatives and	Other organiza	nons and individuals	
10a. Name	10b. Add	iress		10c. Tel. No.		10d. Cell No.		
N/A	1			10e. Fax No.		406 F Maril A	ddaaa	
	ļ					10f. E-Mail Address		
11. Election Details: If the NLRB conducts any such election.	an election in thi	s matter, state you	ur position with respect to	11a. Election Type	X Manual	MailI	Mixed Manual/Mail	
11b. Election Date(s):		ection Time(s):	11d. Election Location(s):				- C:11:-	
01OCT19			2:00 - 4:00pm Conference Room 3 <sup>rd</sup> floor at Santurce					
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) 354 C/ Héctor Salamán, Urb. La Merced, San Juan PR 0916				
12c. Full name of national or international la N/A	bor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)				
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad			
(787) 840-2323	(787) 364-8		(787) 840-2323	4-4/		iadiaboral.c	om	
13. Representative of the Petitioner who	will accept servi	ce of all papers f						
Harold Hopkins, Legal Counsel  13b. Address (street and number. city, state, and ZIP code) 354 Calle Hector Salamán Urb. La Merced, San Juan PR 00918								
13c. Tel No 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (787) 763-8310 (787) 526-4903 (787) 763-8380 snikpohh@vahoo.com								
(787) 763-8310	(787) 526-4	YUJ statemente are tr	(787) 763-8380	viedge and belief	surviouri(a)	yanoo.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)   Signature     /								
Justiniano Díaz  Union representative/organizer  16SEP19								
WILLELI FALSE STATEME	NTS ON THIS P	TITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U	.s. CODE, TITL	E 18. SECTION	£ 1001)	

PRIVACY ACT STATEMENT

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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-248937	9/26/19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.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. 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): Terminix Miami 12015 S.W. 144th Street, Miami, FL 33186 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Anthony White, Branch Manager Same 3d. Cell No. 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address 786-408-8755 awhite4@terminix.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Pest & Termite Control company **Pest Control Services** Miami 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: (approximately) All Technicians: including Pest Control, Lawn, and Termite Control techs. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 🔀 Yes All other employees. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (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) 8d Cell No. 8f. E-Mail Address 8c. Tel. No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) International Brotherhood of Teamsters n/a 9. Is there now a strike or picketing at the Employer's establishment(s) involved?  $n_{O}$ 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. n/a 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): 11c. Election Time(s): 11d. Election Location(s): break room October 24 or 25 shortly before shifts begin 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local Union No. 769 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. 12f, Fax No. 12g. E-Mail Address 305-891-5896 305-642-6255 305-510-8813 dvera@teamsterslocal769.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): 100 Miracle Mile, Suite 300 D. Marcus Braswell, Jr., Esq., c/o Sugarman & Susskind, P.A. Coral Gables, Florida 33134 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 305-529-2801 305-206-2316 305-447-8115 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. Name (Print) Date Signature 09/25/19 D. Marcus Braswell, Jr. Attorney