

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 12-RC-242827 Date Filed June 6, 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: Publi- Inversiones de PR d/b/a El Vocero de PR
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): P.O. Box 15074, San Juan, PR 00902-7515

3a. Employer Representative - Name and Title: Salvador Hasbun- President
3b. Address (if same as 2b - state same): same

3c. Tel. No.: (787)622-2300
3d. Cell No.:
3e. Fax No.:
3f. E-Mail Address: shasbun@elvocero.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Newspaper/Media Company
4b. Principal Product or Service: Newspaper and webpage
5a. City and State where unit is located: San Juan, PR

5b. Description of Unit Involved:
Included: See attachment
Excluded: See attachment
6a. Number of Employees in Unit: 3
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) _____ 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): N/A
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)
 N/A

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: In favor
11a. Election Type: Manual Mail Mixed Manual/Mail
11b. Election Date(s): June 24, 2019
11c. Election Time(s): 9:30-am-10:00am
11d. Election Location(s): Conference Room at Ponce de Leon Avenue

12a. Full Name of Petitioner (including local name and number): Union de Periodistas, Artes Graficas y Ramas Anexas, Local 33225(UPAGRA)
12b. Address (street and number, city, State and ZIP code): P.O. Box 364302, San Juan PR 00936-4302

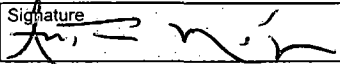
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): TNG-CWA

12d. Tel. No.: (787)781-8500
12e. Cell No.:
12f. Fax No.: (787) 749-4839
12g. E-Mail Address: upagra@caribe.net

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Antonio Mendez Union representative
13b. Address (street and number, city, State and ZIP code): same as above

13c. Tel. No.: same as above
13d. Cell No.:
13e. Fax No.:
13f. E-Mail Address: upagra@caribe.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) Antonio Mendez
 Signature 
 Title Union representative
 Date 06/04/19

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.

ATTACHMENT TO THE PETITION FOR REPRESENTATION

RE: PUBLI-INVERSIONES DE PUERTO RICO d/b/a EL VOCERO DE PUERTO RICO

DESCRIPTION OF THE UNIT:

INCLUDED: All full time and regular part-time employees employed by the Employer at the Accounting/Finance Department in the positions of accountant, accountant Jr., account receivable officer and credit officer in its facility located in Ponce de Leon Avenue, San Juan, PR.

EXCLUDED: All other employees, including the president and the president assistant, treasurer, comptroller, accounting chief, 7 executive assistants working at any department, human resources director and the human resources secretary, credit manager, agency ads-sales director, direct ads-sales director, classified ads-sale director and ads-salesperson, circulation department director, supervisors-island, supervisor of subscription metro zone, post and street light supervisors, chief of dispatch, regional supervisors at large, director associate, chief editor, production director, workshop supervisors; press supervisor, maintenance engineer and electric engineer supervisors, "inserts", guards and supervisor as defined in the Act.

RECEIVED
NLRB
REGION 24
2019 JUN -6 AM 10:38
SAN JUAN, PR 00918-1720

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-243318	Date Filed 6/14/19

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 Badger Daylighting Corp		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 16601 Old US 41 FL Fort Meyers 33912-	
3a. Employer Representative - Name and Title Elizabeth Peterson		3b. Address (If same as 2b - state same) 1749 South Naperville Road, Suite 201 IL Wheaton 60189-	
3c. Tel. No. (317) 771-7624	3d. Cell No.	3e. Fax No.	3f. E-Mail Address EPeterson@badgerinc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction	4b. Principal product or service Hydrovac Construction		5a. City and State where unit is located: Fort Myers, FL
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 7 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 type="checkbox"/> 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). <input checked="" 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)			
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): 6/28/19		11c. Election Time(s): 6:00 am to 7:00 am	
11d. Election Location(s): 16601 Old US 41 Fort Meyers, FL 33912			
12a. Full Name of Petitioner (Including local name and number) Mark Schaunaman International Union of Operating Engineers Local 487		12b. Address (street and number, city, state, and ZIP code) 1425 N.W. 36th Street FL Miami 33412-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers			
12d. Tel No. (305) 634-3419	12e. Cell No. (305) 608-5444	12f. Fax No. (305) 633-0698	12g. E-Mail Address mark@iuoe487.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Mark Schaunaman Business Manager International Union of Operating Engineers Local 487		13b. Address (street and number, city, state, and ZIP code) 1425 N.W. 36th Street FL Miami 33412-	
13c. Tel No. (305) 634-3419	13d. Cell No. (305) 608-5444	13e. Fax No. (305) 633-0698	13f. E-Mail Address mark@iuoe487.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) Mark Schaunaman	Signature Mark Schaunaman	Title Business Manager	Date 06/12/2019 10:52:21

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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

All full and regular part time Hydrovac Operators employed by the Employer at its Fort Meyers facility.

Employees Excluded

All other employees, professional employees, guards, and supervisors as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-243403

Date Filed

JUN 17, 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
AT&T Mobility of Puerto Rico

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
103 Ortegón Ave. Guaynabo, PR 00966

3a. Employer Representative - Name and Title
Steven Frost

3b. Address (if same as 2b - state same)
1884 DATA DR 1ST FL HOOVER, AL 35244

3c. Tel. No.
205-982-8364

3d. Cell No.
205-441-6689

3e. Fax No.
205-982-5160

3f. E-Mail Address
SF6486@at.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Communications Company

4b. Principal product or service
Wireless, Internet, TV

5a. City and State where unit is located:
Puerto Rico

5b. Description of Unit Involved
Included: All Integrated Sales Support Solutions & Integrated Solutions Consultants employed by the Employer thought out the Island of Puerto Rico.
Excluded: All other employees, supervisors as defined by the Act.

6a. No. of Employees in Unit:
47

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) February 14, 2019 and Employer declined recognition on or about same day (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

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
None

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: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
As soon as predictable

11c. Election Time(s):
All day

11d. Election Location(s):
Employer's Facilities

12a. Full Name of Petitioner (including local name and number)
Communications Workers of America, Local 3010 (UTCPR)

12b. Address (street and number, city, state, and ZIP code)
PO Box 366297 San Juan, PR 00936-6297

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Communications Workers of America

12d. Tel No.
787-282-0714

12e. Cell No.

12f. Fax No.
787-724-7893

12g. E-Mail Address
union@cwalocal3010.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Rolando Hernández, Local Pr

13b. Address (street and number, city, state, and ZIP code)
PO Box 366297 San Juan, PR 00936-6297

13c. Tel No.
787-282-0714

13d. Cell No.
787-300-0742

13e. Fax No.

13f. E-Mail Address
union@cwalocal3010.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)
Rolando Hernández

Signature

Title
Local President

Date
06/13/2019

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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RECEIVED
NLRB
REGION 24
2019 JUN 17 PM 3:17
AM JUAN PR 0918-1220

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RD-243552	Date Filed 6/19/19

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: 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
West Fraser

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1509 S Byron Butler Pkwy, Perry, FL 32348-5430

3a. Employer Representative - Name and Title
Stephen Baxley, Plant Manager

3b. Address (If same as 2b - state same)
SAME AS ABOVE

3c. Tel. No.
(850)601-2560

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Wood products company

4b. Principal product or service
Lumber sales

5a. City and State where unit is located:
Perry, FL

5b. Description of Unit Involved
Included: See Attachment A
Excluded: See Attachment A

6a. No. of Employees in Unit:
110

6b. 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? Yes No

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
United Steelworkers Union, District 9, Local 1192-01

8b. Address
Howard Pickles, President, P.O. Box 894, Perry, FL 32348-0894

8c. Tel No.
(850)584-6366

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any
United Steelworkers Union

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9/1/2019

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 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: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
July 9, 2019

11c. Election Time(s):
6:00 a.m. to 8:00 a.m. AND
3:00 p.m. to 5:00 p.m.

11d. Election Location(s):
Conference Room, Employer's facility

12a. Full Name of Petitioner
(b) (6), (b) (7)(C)

12b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
NONE

12d. Tel No.
(b) (6), (b) (7)(C)

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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 AS ABOVE

13c. Tel No.
SAME AS ABOVE

13d. Cell No.
SAME AS ABOVE

13e. Fax No.
SAME AS ABOVE

13f. E-Mail Address
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)

Title
(b) (6), (b) (7)(C)

Date
6-18-19

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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(b) (6), (b) (7)(C)

Attachment A

Included: all full-time and regular part-time employees of the saw mill and planer mill departments including multi operators, boom operators, trim saw operators, control house operators, loader/clean up operators, stacker operators, sorter bay operators, lift operators (roof lumber), edger operators, stick machine operators, kicker station operators, utility after six months and first six months of employment, planer operators, lift operators (finish lumber), planer feeders, trim saw operators, stacker operators, bander operators, sorter bay operators, tilt hoist operators, utility after six months and first six months of employment, transfer jobs maintain repairman A, B, C, saw filers, saw filer helpers, lead boiler operators and boiler operators employed by the Employer located at 1509 S. Byron Butler Parkway, Perry, Florida.

Excluded: all other employees, guards and supervisors as defined in the Act.

(b) (6), (b) (7)(C)

