

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-260930

Date Filed

5/28/2020

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
Oracle Elevator Holdco, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
Miami Int'l Airport, 2100 NW 42nd Ave, Miami, FL 33126

3a. Employer Representative - Name and Title
Todd Trnka, Branch Manager

3b. Address (If same as 2b - state same)
8000 NW 25th Street, Suite 400 Miami, FL 33122

3c. Tel. No.
786 220 1470

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
todd.trnka@oracleelevator.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Elevator service, repair, modernization, construction

4b. Principal product or service
Elevator service, repair, modernization, construction

5a. City and State where unit is located:
Miami, Florida

5b. Description of Unit Involved

Included: All full-time and regular part-time technicians, mechanics, apprentices, helpers, and warehouse employees engaged in service, repair, and inspection at the Employer's Miami International Airport location.

Excluded: All other employees, including office clerical employees, customer service associates, sales employees, business development managers, account managers, confidential employees, professional employees, managerial employees, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:
approximately 30

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).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts 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):
June 11, 2020

11c. Election Time(s):
10:30 am - 12:30 pm

11d. Election Location(s):
Miami Int'l Airport, 2100 NW 42nd Ave, Miami, FL 33126

12a. Full Name of Petitioner (including local name and number)
International Union of Elevator Constructors, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
7154 Columbia Gateway Drive, Columbia, MD 20146

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Elevator Constructors, AFL-CIO

12d. Tel No.
410-953-6150

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 Jennifer Simon and Michael Gillman, Counsel

13b. Address (street and number, city, state, and ZIP code)
O'Donoghue & O'Donoghue LLP 5301 Wisconsin Ave. NW, 8th Floor, Washington DC 20015

13c. Tel No.
202 274-2453

13d. Cell No.
202-570-9527

13e. Fax No.
202 362 2640

13f. E-Mail Address
jsimon@odonoghuelaw.com, mgillman@odonoghuelaw.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)
Jennifer R. Simon

Signature
Jennifer R. Simon

Title

Date
5/27/20

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.

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

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

2a. Name of Employer PCTA-PESPA		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 650 Seminole Blvd., Largo, FL 33770	
3a. Employer Representative - Name and Title Joanne McCall Executive Director		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 727.585.6518	3d. Fax No. 727.586.6722	3e. Cell No. 352.266.2742	3f. E-Mail Address joannemccall1@floridaea.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Education Union		4b. Principal product or service Member services	
5a. Description of Unit Involved Included: 4 Membership Directors; 1 Membership Specialist; 2 Receptionist/clerical Excluded: President of PCTA; President of PESPA; Executive Director; Support Operations Manager			5b. City and State where unit is located: Largo, FL

6. No. of Employees in Unit 7 **7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?** ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent Pinellas Service Organization (b) (6), (b) (7)(C)		8b. Affiliation, if any FL Service Org; Nation Service Org.	
8c. Address 7227 4th Ave. N. St. Petersburg, FL 33710		8d. Tel. No. 727.585.6518	8e. Cell No. 727.310.4630
		8f. Fax No. 727.586.6722	8g. E-Mail Address (b) (6), (b) (7)(C)@floridaea.org
9. Date of Recognition or Certification Unknown		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) July 31, 2020	

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No **11b. If so, approximately how many employees are participating?**
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name None	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	13b. Election Date(s) Within 20 days	13c. Election Time(s) 9:00 am - 5:00 pm M-F	13d. Election Location(s) 650 Seminole Blvd., Largo, FL 33770
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14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. (b) (6), (b) (7)(C)
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C)	15b. Title (b) (6), (b) (7)(C)
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No. (b) (6), (b) (7)(C)
	15e. Fax No. (b) (6), (b) (7)(C)
	15f. Cell No. (b) (6), (b) (7)(C)
	15g. E-Mail Address (b) (6), (b) (7)(C)

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

Name (Print) (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 5/28/2020
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WILLFUL FALSE STATEMENT

PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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