

**STATE OF FLORIDA**  
**PUBLIC EMPLOYEES RELATIONS COMMISSION**  
4708 Capital Circle N.W., Suite 300  
Tallahassee, Florida 32303  
(850) 488-8641

Do Not Write in This Box

CASE NUMBER

RA-

DATE FILED

**RECOGNITION-ACKNOWLEDGEMENT PETITION**

☐ Check this box if petition seeks to add classifications to an existing bargaining unit represented by the petitioning union ("opt-in"). Certification No. \_\_\_\_\_.

**INSTRUCTIONS:** This form must be completed by both the petitioning union and the public employer. If more space is needed for any question, attach additional sheets and number the items as they appear in this form. Upon completion, the petitioning union must file the fully executed petition, including all attachments, with the Commission. Parties may utilize the Commission's secure web-based portal, called "ePERC," to file documents electronically and view filings in their case. Information on how to sign up and use ePERC can be found at <http://perc.myflorida.com/co/eperc.aspx>.

1. NAME OF PETITIONING UNION: Communication Workers of America, Local 3178

Address: 7455 Collins Avenue, Suite 212

Miami Beach

FL

33141

City

State

Zip Code

2. UNION'S REPRESENTATIVE: Osvaldo Garcia

Title: President

Email Address: cwalocal3178president@gmail.com

Phone No. (786) 290-3437

Fax No. \_\_\_\_\_

Address: 7455 Collins Avenue, Suite 212

Miami Beach

FL

33141

City

State

Zip Code

3. PERC REGISTRATION NUMBER: OR-1986-003 Expiration Date: n/a

4. NAME OF PUBLIC EMPLOYER: City of Miami Beach

Address: 1700 Convention Center Drive

Miami Beach

FL

33141

City

State

Zip Code

5. EMPLOYER'S REPRESENTATIVE: Eric Carpenter

Title: City Manager

Email Address: EricCarpenter@miamibeachfl.gov

Phone No. 305-673-7010

Fax No. \_\_\_\_\_

Address: 1700 Convention Center Drive

Miami Beach

FL

33141

City

State

Zip Code

6. **Description of bargaining unit:** List all classifications proposed for inclusion in, and exclusion from, the new unit claimed to be appropriate for collective bargaining. *\*If this is an **opt-in** petition, list only the classifications sought for inclusion in the existing bargaining unit. (If lengthy, attach separate sheet.)*

**INCLUDED** (list classifications below):

See attached unit description.

**EXCLUDED** (list classifications below):

See attached unit description.

7. **Total number** of employees sought for inclusion in the unit: 338
8. **Majority Status:** Do at least 50% of the petitioned-for employees support this petition? ☒ YES ☐ NO
- a. Is the public employer satisfied as to the **majority status** of the petitioning union? ☒ YES ☐ NO
- b. Describe the method by which the public employer **verified the majority status** of the petitioning union (e.g., reviewed showing of interest):

Reviewed showing of interest in the form of signed state prescribed Membership Authorization Forms.

9. Is the public employer satisfied as to the **appropriateness** of the proposed unit for the purpose of collective bargaining? ☒ YES ☐ NO

10. Is there an **existing collective bargaining agreement** covering any employee in the proposed bargaining unit? ☐ YES ☒ NO. **IF YES**, date of expiration: \_\_\_\_\_

**\*\*NOTE: The filing of this petition will be deemed to be a waiver by the petitioning union and public employer of any applicable contract bar, as described in section 447.307(3)(d), Florida Statutes.\*\***

11. Has a **representation election** been conducted among any of the employees in the proposed bargaining unit within the past twelve months? ☐ YES ☒ NO. **IF YES**, date of the last election: \_\_\_\_\_

12. Is there **another organization(s)**, besides the petitioning union, that claims to represent any of the employees in the proposed unit? ☐ YES ☒ NO

- a. **IF YES**, identify the organization(s) by name: \_\_\_\_\_
- b. **IF YES**, provide a copy of this completed, signed form (excluding job descriptions) to the identified organization(s).
- c. On which **date** was the identified organization(s) provided a copy of this form? \_\_\_\_\_

**13. RECOGNITION-ACKNOWLEDGMENT:**

- a. **Attach documentation** of the **formal recognition process** whereby the public employer recognized the petitioning union as the exclusive collective bargaining representative of the employees proposed for inclusion in the unit (e.g., a formal resolution or official minutes from a meeting reflecting the act of recognition).

14. **NOTICE:** The public employer must provide a copy of this form, containing the following notice, to all employees affected by this petition. The form may be provided in the manner in which the public employer customarily communicates with its employees (e.g., e-mail, personal delivery, U.S. Mail, or posting in a conspicuous place).

**\*\*\*\*\*NOTICE TO EMPLOYEES\*\*\*\*\***

**If approved by the Public Employees Relations Commission, this petition will result in the petitioning organization being certified as the exclusive bargaining agent for all employees in the proposed unit described above. No representation election will be conducted. Any person who objects to approval of the petition must file a written notice with the Public Employees Relations Commission, stating the basis for such objection, within twenty days after initial posting of this notice.**

a. On which **date** did affected employees receive a copy of this form? \_\_\_\_\_

b. Select the method(s) by which a copy of this form was provided to the affected employees:

☐ E-mail ☐ Personal delivery ☐ U.S. Mail ☐ Posted in conspicuous place

☐ Other (please explain): \_\_\_\_\_

**By my signature below, I affirm that I have reviewed the information contained in this form and all attachments. The statements contained herein are true to the best of my knowledge and belief. FALSE STATEMENTS CONTAINED IN THIS FORM MAY RESULT IN FINE AND IMPRISONMENT PURSUANT TO CHAPTER 837, FLORIDA STATUTES.**

\_\_\_\_\_  
Signature of Petitioning Union's Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Public Employer's Representative

\_\_\_\_\_  
Date Signed

**The Commission utilizes e-service as the primary method of delivery for orders, correspondence, and notices. Parties are responsible for ensuring that their email address on file with the Commission is correct and current.**