NOTICE TO EMPLOYEES

FROM THE STATE OF FLORIDA PUBLIC EMPLOYEES RELATIONS COMMISSION

The attached recertification petition has been filed seeking an election to determine whether certain employees desire to continue to be represented by the employee organization for the purpose of collective bargaining. If an election is held, a Notice of Election will be posted giving complete details for voting.

YOU HAVE THE RIGHT UNDER FLORIDA LAW:

- To self-organization
- To form, join or assist employee organizations
- To bargain collectively through a chosen representative
- To act together for the purpose of collective bargaining or other mutual aid or protection
- To refrain from any or all such activities

PUBLIC EMPLOYEES RELATIONS COMMISSION 4708 Capital Circle Northwest, Suite 300 Tallahassee, Florida 32303 850-488-8641

THIS IS AN OFFICIAL GOVERNMENT NOTICE AND MUST NOT BE DEFACED.

STATE OF FLORIDA PUBLIC EMPLOYEES RELATIONS COMMISSION

4708 Capital Circle N.W., Suite 300 Tallahassee, Florida 32303 (850) 488-8641

CASE NUMBER	
RC-	
DATE FILED	

REPRESENTATION-CERTIFICATION PETITION

	Check this box if petition seeks to add classific ("opt-in"). Certification No		ing unit represented by the petitioner
V	Check this box if petition is filed pursuant to the Certification No. 470	ne recertification requiremen	t in section 447.305(6), Fla. Stat.
serv	STRUCTIONS: Submit the original of this petition to the vice upon the other parties. Include a copy of the most a petition is being filed for recertification. If more space	recent collective bargaining agr	reement for the petitioned-for bargaining unit
1.	Federation of Public NAME OF PETITIONER: Public and Private E		the National Federation of
	Address: _ 1700 NW 66th Avenue, Suite 100		
	Plantation	FL	33313
	City	State	Zip Code
2.	PETITIONER'S REPESENTATIVE:		
	Title:Division President	Email Address: taflaco@	@aol.com
	Phone No. (954) 797-7575	Fax No	
	Address: Federation of Public Employees, 1	700 NW 66th Avenue, Su	ite 100
	Plantation	FL	33313
	City	State	Zip Code
3.	PERC REGISTRATION NUMBER: OR- 1994-	014 Expirati	on Date:April 17, 2024
4.	NAME OF EMPLOYER: _The School Board of	of Broward County	
	Address:600 SE 3rd Avenue, Suite 100		
	Ft. Lauderdale	FL	33301
	City	State	Zip Code
5.	EMPLOYER'S REPRESENTATIVE:Susan (Cooper	
	Title: _Director, Employee & Labor Relations	Email Address: susan	.cooper@browardschools.com
	Phone No(754) 321-2145	Fax No	
	Address: 600 SE 3rd Avenue, 5th Floor		
	Ft. Lauderdale	FL	33301
	City	State	Zip Code

6.	Description of bargaining unit proposed to be appropriate for the purpose of collective bargaining. (List individually all job classifications proposed for inclusion. If more space is needed, attach additional pages.).			
	INCLUDED (list classifications below): See attached list.			
	EXCLUDED (list classifications below): See attached list.			
7.	APPROXIMATE NUMBER OF EMPLOYEES in the unit claimed to be appropriate: 4251			
8.	Total number of showing of interest statements signed and dated by employees in the proposed unit are: 1642			
9.	Is this petition accompanied by the original showing of interest consisting of signed and dated statements from 30% or more of the employees in the proposed unit indicating that they desire to be represented for purposes of collective bargaining by the petitioning employee organization? XYES NO			
10.	(If opt-in or recertification, skip this question) Name of the CURRENT CERTIFIED BARGAINING AGENT for any			
	of the employees in the proposed unit (if none, so state):			
	CERTIFICATION NUMBER:			
	UNION REPESENTATIVE:			
	Email Address:			
	Phone No. — Fax No. — Fax No.			
	Address:			
	City State Zip Code 11. Is there an existing collective bargaining contract?			
	YES (Expiration Date: 6 / 30 / 2026). If this is a recertification petition, provide a copy of the current CBA with your filing.			
	NO (If applicable, provide the date prior CBA expired:/)			
he	my signature below, I affirm that I have read the above petition and all attachments. The statements contained rein are true to the best of my knowledge and belief. A copy of this fully executed form has been served on the ner parties identified in items 5 and 10. FALSE STATEMENTS CONTAINED IN THIS FORM MAY RESULT FINE AND IMPRISONMENT PURSUANT TO CHAPTER 837, FLORIDA STATUTES.			
	\$/14/2024			
Sig	gnature of Petitioning Union's Representative Date Signed			
Th	ne Commission utilizes e-service as the primary method of delivery for orders, correspondence, and			

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.

Description of bargaining unit proposed to be appropriate for the purpose of collective bargaining.
(List individually all job classifications proposed for inclusion. If more space is needed, attach additional pages.).

INCLUDED (list classifications below):

All full time and regular part-time employees in the classifications of: Transportation Employees (bus operators, relief operators, trainers, specialists and dispatchers), mail service employees, garage employees, safety employees, regular full-time and part-time security specialists, armed safe school officers (guardians), campus monitors, facility service employees - including pool men, yard men, warehouse employees - including those in property and inventory, building and maintenance employees - including those who perform functions classified as building trades, maintenance employees, head facility service employees, and regular part-time facility service employees.

EXCLUDED (list classifications below):

Administrative, clerical, instructional, managerial, and confidential personnel, student facility service employees, seasonal employees, purchasing department employees, irregular part-time and contract employees, and all other employees employed by the Broward County School Board.