

# **NOTICE TO EMPLOYEES**

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## **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 be represented by an 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

Also, be aware that the State of Florida is a right-to-work state. Membership or non-membership in a labor union is not required as a condition of employment, and union membership and payment of union dues and assessments are voluntary. Each person has the right to join and pay dues to a labor union or to refrain from joining and paying dues to a labor union. No employee may be discriminated against in any manner for joining and financially supporting a labor union or for refusing to join or financially support a labor union.

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

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

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# REPRESENTATION-CERTIFICATION PETITION

Complete and Return to:  
**PUBLIC EMPLOYEES RELATIONS COMMISSION**  
4708 Capital Circle N.W., Suite 300  
Tallahassee, Florida 32303

PHONE: (850) 488-8641 / FAX: (850) 488-9704

Electronic Filing (e-PERC): <https://perc.myflorida.com/co/eperc.aspx>

Do Not Write in This Box

CASE NUMBER

RC-

DATE FILED

- Check this box if petition seeks to add classifications to an existing bargaining unit represented by the petitioner ("opt-in"). Certification No. \_\_\_\_\_  
*If any changes to the bargaining unit have occurred since it was last defined (e.g., newly created, retitled, or abolished classifications), you may specify the changes in this petition in lieu of filing a separate unit clarification petition.*
- Check this box if petition is filed pursuant to the recertification requirement in section 447.305(6), Fla. Stat. Certification No. <sup>1481</sup> \_\_\_\_\_
- Check this box if this is an Amended Petition, Case No. RC- \_\_\_\_\_

**INSTRUCTIONS:** Submit the original of this petition along with proof of simultaneous service upon the other party/parties. Include a copy of the most recent collective bargaining agreement for the petitioned-for bargaining unit if this petition is being filed for recertification. If more space is required, attach additional sheets numbering items accordingly.

1. NAME OF PETITIONER: Afscme Florida Council 79 of the American Federation of state, County And Municipal Employees, AFL-Cio

Address: 700 S. Royal Poinciana Blvd., Suite 700

Miami Springs Florida 33166  
City State Zip Code

2. PETITIONER'S REPRESENTATIVE: Osnat K. Rind, Esq.

Title: Counsel Email Address: orind@phillipsrichard.com

Phone No. 305-412-8322 Fax No. 305-412-8299

Address: 9630 SW 72nd Street, Suite 283

Miami Florida 33173  
City State Zip Code

3. PERC REGISTRATION NUMBER: OR-1986-010 Expiration Date: 03/25/27

4. NAME OF EMPLOYER: The University of Central Florida

Address: 4000 Central Florida Blvd.

Orlando Florida 32816  
City State Zip Code

5. EMPLOYER'S REPRESENTATIVE: Maureen Binder, MBA, SPHR, SHRM-SCP

Title: Associate VP and Chief HR Officer Email Address: maureen.binder@ucf.edu

Phone No. 407-823-0425 Fax No. \_\_\_\_\_

Address: 12201 Research Parkway, Suite 200

Orlando Florida 32826  
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):

All regularly employed full-time and part-time nonprofessional blue-collar employees in the following classifications: Asset Specialist I, Automotive Mechanic I, II, & III, Building Specialist I, & II, Custodial Specialist I, Custodial Specialist II, Custodial Specialist III, Electrician I, Electrician II, Electrician III, Fire Alarm Technician, Fire Safety/Prevention Specialist, HVAC Specialist I, HVAC Specialist II, Irrigation Technician I, Irrigation Technician II, Landscaper I, Landscaper II, Landscaper III, Locksmith I, Locksmith II, Machinist, Maintenance Mechanic I, Maintenance Mechanic II, Maintenance Planner I, Maintenance Technician I, Maintenance Technician II, Maintenance Technician III, Plumber I, Plumber II, Plumber III, Recycling Specialist I, Safety Specialist I, Safety Specialist II, Utilities Specialist I, Utilities Specialist II, Utilities Specialist III, Work Control Dispatcher I, Work Control Dispatcher II. See attached

**EXCLUDED** (list classifications below):

All casual and irregularly employed individuals; all administrative and clerical employees; all professional, managerial, and confidential employees as defined by the Act; all employees who have a supervisory conflict of interest with those who are included in the unit; all certified law enforcement and firefighting personnel; all faculty members; and all other employees of the University of Central Florida Board of Trustees.

7. APPROXIMATE NUMBER OF EMPLOYEES in the unit claimed to be appropriate: 338

8. Total number of showing of interest statements signed and dated by employees in the proposed unit are: 142

9. Is this petition accompanied by the original showing of interest consisting of personally signed and dated statements from 30% or more of the employees?  YES  NO. Please provide the original showing of interest, along with a corresponding list of names, arranged in alphabetical order by last name.

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 REPRESENTATIVE: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

City State Zip Code

11. Is there an existing collective bargaining contract (CBA)?

YES (Expiration Date: 09/30/2026). 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: \_\_\_\_\_)

By my signature below, I affirm that I have read the above petition and all attachments. The statements contained herein are true to the best of my knowledge and belief. A copy of this fully executed form has been served on the other parties identified in items 5 and 10. FALSE STATEMENTS CONTAINED IN THIS FORM MAY RESULT IN FINE AND IMPRISONMENT PURSUANT TO CHAPTER 837, FLORIDA STATUTES.

[Signature]  
Signature of Petitioning Union's Representative

3-26-24  
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.**

Local 3345 UCF

6540 Automotive Equipment Mechanic  
2060 Computer Repair Technician  
6444 Electrician 6526 Custodial Worker  
7233 Electronic Technician  
4605 Engineering Assistant  
6213 Food Service Worker  
6394 Groundskeeper  
6368 Heavy Equipment Operator  
6423 Locksmith 6516 Machinist  
6466 Maintenance Mechanic  
6467 Maintenance Specialist  
6374 Maintenance Support Worker  
6441 Plumber 6451 Refrigeration Mechanic  
3725 Senior Audio-Visual Equipment Operator  
2064 Senior Computer Repair Technician 1  
6527 Senior Custodial Worker 6395 Senior Groundskeeper  
6369 Senior Heavy Equipment Operator  
6331 Senior HVAC Operator  
6311 Senior Printing Equipment Operator  
6339 Senior Treatment Plant Operator