

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

15-RC-258901

Date Filed

April 8, 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 Hearthside Food Solutions, LLC.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 175 Del Stover Drive MS Byhalia 38611-	
3a. Employer Representative - Name and Title Eric Marshall		3b. Address (If same as 2b - state same) 175 Del Stover Drive MS Byhalia 38611-	
3c. Tel. No. (662) 850-6238	3d. Cell No.	3e. Fax No.	3f. E-Mail Address emarshall@hearthsidefoods.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Consumer Goods		4b. Principal product or service co-pack Kellogg's cereal, crackers	
		5a. City and State where unit is located: Byhalia, MS	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 115
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

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).		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.

11b. Election Date(s): 5/24/2020	11c. Election Time(s): 6a-8a, 2p-4p	11d. Election Location(s): Employee Breakroom
12a. Full Name of Petitioner (including local name and number) Rose Turner United Food & Commercial Workers Union, Local 1529, AFL-CIO, CLC		12b. Address (street and number, city, state, and ZIP code) 8205 Macon Rd TN Cordova 38018-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food & Commercial Workers International Union

12d. Tel No. (901) 758-1529	12e. Cell No. (901) 359-5598	12f. Fax No.	12g. E-Mail Address rturmer@ufcwllocal1529.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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) Rose Turner	Signature Rose Turner	Title Director of Organizing	Date 04/6/2020 13:47:14
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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.

Attachment

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Employees Included

All hourly production employees: co pack, warehouse, maintenance, leads, QA Tech, Machine Operator, Material Handler, forklift operator, packer, janitor, sanitor, inventory, receiving, and shipping clerk

Employees Excluded

office and clerical workers, supervisors, salary personal, manager, and guards as defined in the act