

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-16116	Date Filed 6/15/07

INSTRUCTIONS: Submit an original and 4 copies of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located. If more space is required for any one item, attach additional sheets, numbering them accordingly.

The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 3 of the National Labor Relations Act.

1. PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 9(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)

- 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.
- RM-REPRESENTATION (EMPLOYER PETITION)** - One or more individuals or labor organizers have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
- UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES)** - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
- UC-UNIT CLARIFICATION** - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) In unit not previously certified. In unit previously certified in Case No. _____
- AC-AMENDMENT OF CERTIFICATION** - Petitioner seeks amendment of certification issued in Case No. _____ Attach statement describing the specific amendment sought.

2. Name of Employer: **Communications Workers of America, AFL-CIO, CLC**
 Employer Representative to contact: **Peter Mitchell, Managing General Counsel**
 Telephone Number: **202-434-1100**

3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code):
501 Third Street NW, Washington, D.C. 20001
 Telecopier Number (Fax): **202-434-1279**

4a. Type of Establishment (Factory, mine, wholesaler, etc.): **Labor Organization**
 4b. Identify principal product or service: **Collective Bargaining Representation**

5. Unit involved in UC petition, describe present bargaining unit and attached description of proposed certification:
 Included: **All full and regular part time attorneys, including District and Sector counsel.**
 Excluded: **All office clerical, managerial employees, guards and supervisors as defined in the Act, and all other employees.**
 6a. Number of Employees in Unit:
 Present: **14**
 Proposed (By UCRC): _____
 6b. Is this petition supported by 30% or more of the employees in the unit? Yes No
 *Not applicable in RM, UC, and AC

If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable.

7a. Request for recognition as Bargaining Representative was made on (Date) **or about** **June 6, 2007** and Employer declined recognition on or about (Date) **June 14, 2007** (If no reply received, state.)
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8. Name of Recognized or Certified Bargaining Agent (If none, so state): **None**
 Affiliation: _____

Address, Telephone No. and Telecopier No. (Fax): _____ Date of Recognition or Certification: _____

9. Expiration Date of Current Contract, if any (Month, Day, Year): _____
 10. If you have checked box UC in 1 above, show here the date of execution of agreement granting union shop: **Month, Day, and Year**

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes _____ No
 11b. If so, approximate how many employees are participating? _____

11c. The Employer has been picketed by or on behalf of (insert Name) _____ a labor organization, of what Address: _____ State: **Mississippi, Day, Year**

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

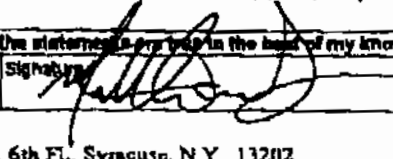
Name	Affiliation	Address	Date of Claim	Telecopier No. (Fax)

13. Full name of party filing petition (If labor organization, give full name, including local name and number): **CWA Staff Union**

14a. Address (street and number, city, state, and ZIP code): **249 Maple Road, Valley Cottage, New York 10989**
 14b. Telephone No.: **914-213-1826**
 14c. Telecopier No. (Fax): **845-267-3777**

15. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when petition is filed by a labor organization): **None**

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): **Matthew E. Bergeron**
 Signature: 
 Title (If any): **Attorney for CWA Staff Union**
 Address (street and number, city, state, and ZIP code): **Satter & Andrews, LLP, 217 South Salina Street, 6th Fl., Syracuse, N.Y. 13202**
 Telephone No.: **315-471-0405**
 Telecopier No. (Fax): **315-471-7849**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)