

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located.

1. **PURPOSE OF THIS PETITION: UC - UNIT CLARIFICATION** - A labor organization is currently recognized by the Employer, but the Petitioner seeks clarification of the placement of certain employees or job classifications. **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		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)	
3a. Employer Representative - Name and Title		3b. Address (If same as 2b - state same)	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal product or service	

5a. Description of Present Unit <b>Included:</b>  <b>Excluded:</b>		5b. No. of Employees in Present Unit:
6a. Description of Proposed Unit <b>Included:</b>  <b>Excluded:</b>		6b. No. of Employees in Proposed Unit:

7. City and State where unit is located	8. Check One: <input type="checkbox"/> Unit previously certified in Case _____ <input type="checkbox"/> Unit not previously certified
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9. Job classifications of employees as to whom the issue is raised and number of employees in each classification

10. Reason Why Petitioner Desires Clarification

11a. Name of Recognized or Certified Bargaining Agent		11b. Address	
11c. Tel. No.	11d. Cell No.	11e. Fax No.	11f. E-Mail Address
11g. Affiliation, if any		11h. Date of Recognition or Certification	11i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

12. Organizations or persons other than Petitioner and those named in item 11, who claim to represent any employees affected by the proposed clarifications. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Cell No.
		12e. Fax No.	12f. E-Mail Address

12g. Brief Description of Contract Covering those Employees

13a. Full Name of Petitioner (including local name and number if applicable)	13b. Address (Street and number, city, state, ZIP code)
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13c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

13d. Tel. No.	13e. Cell No.	13f. Fax No.	13g. E-Mail Address
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14. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title		14b. Address (Street and number, city, state, ZIP code)	
14c. Tel. No.	14d. Cell No.	14e. Fax No.	14f. 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)	Signature	Title	Date
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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 may cause the NLRB to decline to invoke its processes.