

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD PETITION

DO NOT WRITE IN THIS SPACE Case No. 5-RD-1416 Date Filed 1/12/07

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.

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.

- 1. PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(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
RM-REPRESENTATION (EMPLOYER PETITION)
RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)
UD-WITHDRAWAL OF UNION SHOP AUTHORITY
UC-UNIT CLARIFICATION
AC-AMENDMENT OF CERTIFICATION

2. Name of Employer: The American Federation of Labor and Congress of Industrial Organizations; Employer Representative to contact; Telephone Number: 202-637-5000

3. Address(es) of Establishment(s) involved: 815 16th Street, NW, Washington, DC 20001; Fax No.

4a. Type of Establishment: Service Organization; 4b. Identify principal product or service: Representation of Employees

5. Unit involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.); 6a. Number of Employees in Unit: Present 3, Proposed (By UC/AC); 6b. Is this petition supported by 30% or more of the employees in the unit? Yes

(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) and Employer declined recognition on or about (Date); 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8. Name of Recognized or Certified Bargaining Agent: Hotel Employees and Restaurant Employees Local 25 Representative, Mr. John Boardman; Affiliation

Address: 1003 K Street, NW, 7th Floor, Washington, DC 20001; Phone: 202-737-2225; FAX: 202-393-3741; Date of Recognition or Certification

9. Expiration Date of Current Contract, if any; 10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop

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

11c. The Employer has been picketed by or on behalf of (Insert Name), a labor organization, of (Insert Address) Since (Month, Day, Year)

12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above.

Table with 4 columns: Name, Affiliation, Address, Date of Claim (Required only if Petition is filed by Employer). Includes FAX No. row.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

(Name of Petitioner and Affiliation, if any)

By Vanna Kheav (Signature of Representative or person filing petition) Title (if any)

Address: 9500 Tarveroc Way, Ft Washington, MD; Telephone: 301-839-7157; FAX No.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) IO:NOPASS\_I 12/19/2006 20744