Katherine Whidden, Chief HR Officer
617-570-4833
Suffolk University
Higher Education
February 16, 2017

Service Employees International Union
617-367-7200
David Rome

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.

2. Name of Employer: Suffolk University
3. Employer Representative - Name and Title: Katherine Whidden, Chief HR Officer
4. Type of Establishment (Factory, mine, wholesaler, etc.): Higher Education
5. City and State where unit is located: Boston, Massachusetts

6a. No. of Employees in Unit: 350
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [X] No [ ]

7a. Request for recognition as Bargaining Representative was made on (Date) 1/24/17 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply yet.
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
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No [X] Yes [ ]
9a. If so, approximately how many employees are participating? ___________________________
9b. (Name of labor organization) ___________________________ has picketed the Employer since (Month, Day, Year) ___________________________

10. Organizations or individuals other than Petitioner and those named in 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

11b. Election Date(s): February 18, 2017
11c. Election Time(s): 8-10AM; 12-2PM; 4-6PM
11d. Election Location(s): Amenity Room, 73 Tremont Street
25 Braintree Hill Office Park, Ste #306, Braintree, MA 02184

12a. Full Name of Petitioner (Including local name and number) Service Employees International Union Local 888
12b. Address (street and number, city, state, and ZIP code) Pyle Rome, 2 Liberty Sq, 10th Fl, Boston, MA 02109

13a. Name and Title: David Rome, Attorney
13b. Address (street and number, city, state, and ZIP code) 617-367-4820

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): David Rome
Signature: ___________________________
Title: Attorney
Date: January 24, 2017

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.
The unit includes all regular part and full time clerical and technical employees employed by Suffolk University in Boston Massachusetts in the following departments holding the following job titles:

**Titles:**
Administrative Services Coordinator
Administrative Services Manager
Academic & College Advisor
Academic Advisor
Academic and Research Advisor
Academic Coach Conditional Transfers
Academic Computing Specialist
Admin Coordinator
Administrative Assistant
Administrative Associate
Administrative Coordinator
Administrative Services & Systems Manager
ADMISSION COORDINATOR
ADMISSION COUNSELOR
Admission Systems Coordinator
ADMISSIONS ASSISTANT
ADMISSIONS SUPERVISOR
Alt-Text Specialist
Annual Fund Officer
Applications Administrator
Assessment & Tech Admin
Assistant Accounts Payable Manager
Assistant Budget Director
ASSISTANT BURSAR
Assistant Director
Assistant Director, Major Gifts
Assistant Manager
Assistant Registrar
Assistant to the Director
Assistant TV Studio Manager
ASSOCIATE BURSAR
ASSOCIATE DIRECTOR
ASSOCIATE REGISTRAR
Business Analyst
Business Assistant
Classroom Technology & Media Specialist I
Classroom Technology & Media Specialist II
Clerk
Clinical Coordinator
CMS Administrator
Collection Services Manager
Collection Services Specialist
Coordinator
Meta Data Specialist
Counselor
Data Coordinator
DESKTOP SUPPORT SPECIALIST
Desktop Support Technician I
Desktop Support Technician II
Digital Imaging Assistant
Directors (non supervisory)
Enrollment Marketing Manager
Enterprise Systems Administrator
Evening Supervisor
FINANCIAL AID ASST
Front of House Manager
Front-End Website Developer
Gallery Director, Help Desk Tech 2
INFORMATION SECURITY OFFICER
INSTRUCTIONAL TECHNOLOGIST
International Study Advisor
IT Project Manager
Job Site Manager
LABORATORY COORDINATOR
Laboratory Manager
Library Assistant
Major Gifts Officer
Manager
Manager Accounts Payable/Special Projects
Manager/Web Services
Managing Editor, Salamander
Marketing Copywriter/Editor
Media Coordinator
Media Lab Coordinator
Media Services/Audio Visual Specialist
Medical Assistant
Modern Theatre Operations Coordinator
NETWORK ENGINEER
Office Coordinator
Office Manager
OFFICE SERVICES COORDINATOR
Operations Coordinator
Operations Manager
Outreach Specialist
Payroll Assistant
Pc Specialist
Photographer/Photo Content Manager
Program & Site Coordinator
Program Administrator
PROGRAM ADVISOR
Program Assistant
Program Coordinator
Program Development Coordinator
Program Director
Program Manager
Project Manager
PURCHASING ANALYST
Records Manager
Reference Assistant
Registrar's Assistant
Research Analyst  
Researcher  
Secretary  
Senior Accountant  
Senior Administrative Associate  
SENIOR ASSISTANT DIRECTOR  
Senior Associate Director  
Senior Budget Analyst  
Senior Computer Specialist  
Senior Gift/Reporting Specialist  
Senior Grants Administrator  
Senior Graphic Designer  
Senior Integrated Designer  
Senior Mall Clerk  
Senior Network & Telecom Engineer  
Senior Payroll Coordinator  
Senior Program Coordinator  
Senior Program/Analyst  

Departments:  
Academic Advising  
Accounting  
Accounts Payable Services  
Advancement  
Advertising/PR/Digital Media  
Athletics  
Biology  
Budget Office  
Bursar's Office  
Business Law  
Career Development Center  
CAS - Dean's Office  
CAS - Support Services  
Center for Academic Access and Opportunity  
Center for Learning & Academic Success  
Center for Teaching and Scholarly Excellence  
Chemistry  
Chemistry  
Communications & Journalism  
Controllers Office  
Counseling, Health & Wellness  
Ctr for Community Engagement  
Ctr for Executive Education  
Dean of Students' Office  
Dean's Office - Law School  
Development  
Disability Services  
Diversity Services  
Donor Relations and Advancement Communications  
Economics  
Electrical Engineering  
English
Enrollment Management
Enterprise Applications
External Relations
Facilities Operations
Finance
Government
Graduate Admissions
Graduate Admissions Office
Health Administration
History
Information Systems / Operations Management
Information Technology Services
Infrastructure Services
Institute for Public Service
Institutional Research & Assessment
Instructional Technology Services
International Programs & Services
IT Governance, Project Management Office, Web Services
Law Academic Services
Law Admissions
Law Career Services
Law Clinical Programs
Mail Services
Management & Entrepreneurship
Marketing & Communications
Math & Computer Science
McNair Program
Moakley Center for Public Management
Moakley Law Library
Network & Telecommunications Services
New England School of Art & Design
Office of Research and Sponsored Programs
Orientation & New Student Programs
Payroll Office
Performing Arts Program
Philosophy
Physics
Political Research Center
Provost's Office
Psychology
Public Affairs Office
Public Affairs Office
Purchasing Services
Registrar's Office
Residential Life and Housing
Sawyer Business School
Sawyer Library
SBS Graduate Business Programs
Sociology
Strategy & International Business
Student Financial Aid
Student Leadership
Student Success
Student Success
Student Success Advising
Support Services -Law
Technology Support Services
Theatre Arts-Academics
Theatre Operations
Undergraduate Academic Advising
Undergraduate Admissions Office
Univ Police & Security
University Marketing
University Media Services
Upward Bound
World Languages & Cultural Studies

Excluding: all managerial employees; professional employees; confidential employees; guards and supervisors as defined by the Act.
United States Government
National Labor Relations Board

RC Petition

1. PURPOSE OF THIS PETITION - 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

Liberty Bakery Kitchen, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

125 Liberty St
MA Brockton 02301-

3a. Employer Representative – Name and Title

Geoffrey Wermuth Esq.

3b. Address (If same as 2b – state same)

300 Crown Colony Dr Ste 410
MA Quincy 02169-0904

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Food Processing

4b. Principal product or service

Donuts

5a. City and State where unit is located:

Brockton, MA

5b. Description of Unit Involved

Included:

See Attached Page 2 for additional details

Excluded:

See Attached Page 2 for additional details

6a. No. of Employees in Unit: 85

6b. Do a substantial number (90% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [ ] No [ ]

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. Affiliation, if any

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

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)

11. Election Details:

If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: [ ] Manual, [ ] Mail, [ ] Mixed Manual/Mail

11b. Election Date(s):

1/26/2017

11c. Election Time(s):

AM/PM Shifts

11d. Election Location(s):

Onsite

12a. Full Name of Petitioner (including local name and number)

Brian J McElhinney
General Teamsters, Chauffeurs, Warehousemen and Helpers of Brockton and Vicinity Local Union 653

12b. Address (street and number, city, state, and ZIP code)

4 Hampden Dr STE A
MA South Easton 02375-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)

International Brotherhood of Teamsters

12d. Tel No.

(508) 230-7140

12e. Cell No.

12f. Fax No.

(508) 230-7145

12g. E-Mail Address

brian.m@teamsterslocal653.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Nicholas Chalupa Esq, Attorney

13b. Address (street and number, city, state, and ZIP code)

177 Milk St Ste 306 3rd Flr
MA Boston 02109-3408

13c. Tel No.

(617) 338-1976

13d. Cell No.

13e. Fax No.

(617) 338-7070

13f. E-Mail Address

nmcc@fclaw.com

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)

Brian J McElhinney

Signature

Brian J. McElhinney

Title

Principal Officer/Secretary-Treasurer

Date

01/26/2017

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

PRIVACY ACT STATEMENT

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Employees Included
Kitchen Help

Employees Excluded
Managers, Supervisors, Clerical Office Staff
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
Shaw's CWP
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
205 Spencer Drive Wells Maine 04090

3a. Employer Representative - Name and Title
Jeff Wermuth, Dir of Fleet Operations
3b. Address (If same as 2b – state same)

3c. Tel No.
1/800-667-4097
3d. Cell No.
n/a
3e. Fax No.
n/a
3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Warehouse
4b. Principal product or service
Grocery Distributor

5a. City and State where unit is located:
Wells, Scarborough Maine
5b. Description of Unit Involved
Included: All full time and regular part time drivers and yardman in the Wells location. All full time mechanics and parts specialist in the Scarborough location
Excluded: All other positions, employees, managers and Supervisors as defined in the act.

6a. No. of Employees in Unit:
70
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☑ No ☐

Check One: ☑ 7a. Request for recognition as Bargaining Representative was made on (Date) 12/24/16, and Employer declined recognition on or about no reply (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

9a. Is there now a strike or picketing at the Employer's establishment(s) involved?
If so, approximately how many employees are participating?

9b. Name and Title

9c. Address (If same as 2b – state same)

10a. Name

10b. Address

10c. Tel No.
10d. Cell No.
10e. Fax No.
10f. E-Mail Address

11a. Election Type: ☑ Manual ☐ Mail ☐ Mixed Manual/Mail
11b. Election Date(s):
All day post DDE
11c. Election Time(s):
Anytime
11d. Election Location(s):
Wells warehouse, Maine

12a. Full Name of Petitioner (Including local name and number)
Teamsters Local Union No. 340
12b. Address (street and number, city, state, and ZIP code)
144 Thadeau Street S Portland ME 04106

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)
International Brotherhood of Teamsters

13a. Name and Title
Ed Marzano, Business Agent
13b. Address (street and number, city, state, and ZIP code)
205 Spencer Drive Wells Maine 04090

13c. Tel No.
207-756-5881
13d. Cell No.
207-767-7315
13e. Fax No.
emarzano@teamsterslocal340.org
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) Ed Marzano
Signature/Title Business Agent
Date 1/1/17

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

PRIVACY ACT STATEMENT

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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
Baystate Franklin Medical Center

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
164 High St
MA Greenfield 01301-2613

3a. Employer Representative – Name and Title
Anthony Triano

3b. Address (If same as 2b – state same)
164 High St
MA Greenfield 01301-2613

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Hospital

4b. Principal product or service
Healthcare

5a. City and State where unit is located:
Greenfield, MA

6a. No. of Employees in Unit: 15

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [X] No [ ]

7a. Request for recognition as Bargaining Representative was made on (Date)
(If none, 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.
(413) 773-0211

8d Cell No.

8e. Fax No.

8f. E-Mail Address
Tony.Triano@baystatehealth.org

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating?

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.
(516) 499-2681

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.

11a. Election Type: [ ] Manual [ ] Mail [ ] Mixed Manual/Mail

11b. Election Date(s):
February 6, 2017

11c. Election Time(s):
5:45 am to 6:15 and 1:45 pm to 3:15 pm

11d. Election Location(s):
At the Employer's Location in a Conference Room

12a. Full Name of Petitioner (including local name and number)
Steve Maritas
Baystate Franklin Security Officers Union (BFSSOU)

12b. Address (street and number, city, state, and ZIP code)

12c. Tel No.
(800) 516-0094

12d. Cell No.
(516) 499-2681

12e. Fax No.
(800) 516-0094

12f. E-Mail Address
LEOSUNIONS@GMAIL.COM

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)
Steve Maritas

Signature

Title
Organizing Director

Date
01/19/2017 14:16:22

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

PRIVACY ACT STATEMENT

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Employees Included
All regular full-time and regular part-time Security Officers and Per Diem Security Officers performing guard duties as defined in section 9(B)(3) of the National Labor Relations Act employed by the Employer.

Employees Excluded
All office clerical employees, professional employees and supervisors as defined by the Act.
1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under the proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

Brigham Health and Rehab

**2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)**

77 High Street Newburyport, MA 01950

**3a. Employer Representative's Name and Title**

Kelley Fitzpatrick CNA

**3b. Address (if same as 2b, state name)**

37 Lafayette Street Amesbury, MA 01913

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Nursing/Rehab Facility

**4b. Principal product or service**

Included:

CNA, Dietary, Housekeeping

Excluded:

Licensed Nurses, Management

**6a. Name of Recognized or Certified Bargaining Agent**

UFCW 1445

**6b. Affiliation, if any**

Dedham, MA

**8a. Name of Recognized or Certified Bargaining Agent**

UFCW 1445

**8b. Affiliation, if any**

Dedham, MA

**8c. Telephone Number**

(781) 461-0677

**8d. Fax Number**

(781) 461-0677

**8e. E-Mail Address**

Kelley.Fitzpatrick@yahoo.com

**9. Date of Recognition**

30-02-2026

**10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**11a. Is there now a strike or picketing at the Employer's establishment(s) involved?**

Yes

**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, or (insert Address)**

since (Month, Day, Year)

**12a. Name**

**12b. Address**

30 Sturgis Way

Dedham, MA

02026

**12c. Telephone Number**

(781) 461-0677

**12d. Fax Number**

(781) 461-0677

**12e. E-Mail Address**

Kelley.Fitzpatrick@yahoo.com

**13a. Election Type**

Manual

**13b. Election Date(s)**

**13c. Election Time(s)**

**13d. Election Location(s)**

**14a. Address (Street and number, city, state, ZIP code)**

**14b. Telephone Number**

**14c. Fax Number**

**14d. Cell Number**

**14e. E-Mail Address**

**15a. Full Name of Petitioner**

**15b. Title**

**15c. Address (Street and number, city, state, ZIP code)**

**15d. Telephone Number**

**15e. Fax Number**

**15f. E-Mail Address**

**16. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**17a. Signature**

**17b. Date Filed**

01/03/2017

**WILLFUL FALSE STATEMENTS**

Satisfaction 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 set forth in the Federal Register, 71 Fed. Reg. 47412-43 (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 jurisdiction.