INTERNET FORM NLRB-502 (2-08)

## **UNITED STATES GOVERNMENT** NATIONAL LABOR RELATIONS BOARD PETITION

	FURM EXEMPT UNDER 44 U.S.
DO NOT WRITE IN	THIS SPACE

Case No. 13-RC-121359 Date Filed / 2014

INSTRUCTIONS: Submit an original 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 NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.									
1 PURPOSE OF THIS PETITION (if box RC, RM, or RD is check statement following the description of the type of petition shall not retain the following the description of the type of petition shall not retain the following the description of the type of petitioner desires to be certified as representative of the description of the following the followin	ot be deemed mad ntial number of em- employees. or more individuals TIVE) - A substanti MOVAL OF OBLIG abor organization of ntly recognized by on unit previously ce a samendment of ce	e.) (Check ployees w s or labor of tial number GATION TO desire that Employer, rtifled in Ca	c One) vish to be organizatio organizatio or of emple of PAY DUI such autho but Petitio ase No.	represent ns have p byees as ES) - Thi brity be re ther seek	ted for purposes oresented a claim sert that the cert rty percent (30%) scinded.	of collective to Petitioner ified or curror more of e	pargaining by Petitioner and to be recognized as the ently recognized bargaining mployees in a bargaining unit		
2. Name of Employer	Employer Representative to contact						Tel. No		
Northwestern University	James J. Phillips - Athletic Director						847-491-8880		
3 Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)							Fax No.		
1501 Central Street Evanston, IL 60208									
4a Type of Establishment (Factory, mine, wholesaler, etc.)			b. Identify principal product or service			Cell No.			
University		colle	ge football			e-Mail	e-Mail		
5 Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.)						6a. Number of Employees in Unit:			
Included All football players receiving grant-in-aid athletic scholarships fi	rom Northwestern	University				Present			
g grant in and during contributions of		O'III VOI OILY	•			Approx.			
Excluded guards and supervisors as defined under the National Labor Relations Act.							d (By UC/AC)		
gualus and supervisors as defined under the Mattorial Labor IV	CIATIONS ACT.					6b Is this	petition supported by 30% or more of the		
(If you have checked box RC in 1 above, check and complete EIT	HFR item 7a or 7h	whichever	is annlica	hle)	<del></del>	employees in the unit?* Yes No *Not applicable in RM, UC, and AC			
7a. Request for recognition as Bargaining Representative v			о арриса			Not applic	and Employer declined		
recognition on or about (Date)	(If	no reply re			<del></del>				
7b. Petitioner is currently recognized as Bargaining Repres		s certificat	on under t	he Act.	Leann				
Name of Recognized or Certified Bargaining Agent (If none, so None	state.j				Affiliation				
Address									
Nauross			Tel. No.			e of Recognition or Certification			
		Cell I	No.		Fax No.		C-Wall		
Expiration Date of Current Contract If any (Month, Day, Year)	I10 I	f you have	absolved b	av UD va	1 share shareh				
2. Explication Date of Current Contract in any (Month, Day, Year)					1 above, show he onth, Day and Yea		or execution of		
11a. Is there now a strike or picketing at the Employer's establishm Involved? Yes No	nent(s)	11b I	f so, appro	ximately	how many employ	ees are parti	cipating?		
11c. The Employer has been picketed by or on behalf of (Insert Na	me)		_				, a labor		
organization, of (Insert Address) Since (Month, Day, Year)									
12. Organizations or individuals other than Petitioner (and other than dindividuals known to have a representative interest in any emp	an those named in loyees in unit descr	items 8 an nbed in iter	d 11c), wh n 5 above.	ich have (If none	claimed recognition, so state)	n as represe	entatives and other organizations		
Name	Addr	ess			Tel. No.		Fax No.		
None				ļ	Cell No		e-Mail		
Full name of party filing petition (If labor organization, give full College Athletes Players Association (CAPA)	name, including loc	al name ar	nd number)	)			•		
14a. Address (street and number, city, state, and ZIP code)				14b. Tel. No. EXT 14c. Fax No					
11748 MAGNOLIA AVE STE C1 RIVERSIDE, CA 92503				14d Cell No. 14e.		14e. e-	Mail		
15. Full name of national or international labor organization of which N/A	h Petitioner is an a	ffiliate or co	onstituent (	to be fille	d in when petition	is filed by a	labor organization)		
I declare that I have read the above petition and that the state	ments are true to	the best	of my kno	wledge a	nd belief.				
Name (Print) Ramogi Huma	E L	Signature		h		Title (if any) President			
Address (street and number, city, state, and ZIP code) 11748 MAGNOLIA AVE STE C1			Tel. No. 951-898-0985			Fax No.			
RIVERSIDE, CA 92503			Cell No.			eMail			
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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 unfair labor practice 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

