

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-295559	Date Filed 05/10/2022

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.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: Icahn School of Medicine at Mount Sinai	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Gustave L. Levy Pl, New York, NY 10029
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3a. Employer Representative - Name and Title: Dennis S. Charney, Dean	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. (212) 241-6696	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dennis.charney@mssm.edu
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Higher Education	4b. Principal Product or Service Research	5a. City and State where unit is located: New York, NY
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5b. Description of Unit Involved: Included: All Postdoctoral Fellows employed by the Employer. Excluded: All other employees, guards and supervisors as defined in the Act.	6a. Number of Employees in Unit: 522	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)
None

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

11. Election Details: If the NLRB conducts and 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): 06/07/22-06/08/22	11c. Election Time(s): 10am-2pm, 3pm-7pm	11d. Election Location(s): Patricia and Robert Levinson Student Center
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12a. Full Name of Petitioner (including local name and number): Sinai Postdoctoral Organizing Committee-UAW	12b. Address (street and number, city, State and ZIP code): 350 W 31st St, 7th Floor, New York, NY 10001
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union, United Automobile, Aerospace and Agricultural Implement Workers of America

12d. Tel. No. (212)-529-2580	12e. Cell No.	12f. Fax No. (212)-529-1986	12g. E-Mail Address
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13a. Name and Title: Corin Coetzee, International Representative	13b. Address (street and number, city, State and ZIP code): 350 W 31st St, 7th Floor, New York, NY 10001
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13c. Tel. No. (212)-529-2580	13d. Cell No. (202)-380-5755	13e. Fax No.	13f. E-Mail Address ccoetzee@uaw.net
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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) Corin Coetzee	Signature Corin Coetzee	Title International Representative	Date 05/10/22
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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.