e an original with NLRB Regional Director for the region in which the alleged unfair labor pra 1. EMPLOYER AGAINST WHOM CHA a. Name of Employer	DO NOT Case	WRITE IN THIS SPACE
CHARGE AGAINST EMPLOYER STRUCTIONS: e an original with NLRB Regional Director for the region in which the alleged unfair labor pra	Case	WINTE IN THIS SPACE
an original with NLRB Regional Director for the region in which the alleged unfair labor pra 1. EMPLOYER AGAINST WHOM CHA . Name of Employer	0630	Date Filed
e an original with NLRB Regional Director for the region in which the alleged unfair labor pra 1. EMPLOYER AGAINST WHOM CHA Name of Employer	01-CA-163324	11/4/2015
Name of Employer		ring.
	RGE IS BROUGHT	b. Tel. No. 617-353-2380
		617-353-2360
		c. Cell No.
		f. Fax No. 617-353-6704
Address (Street, city, state, and ZIP code) e. Employer Represe		017-535-67.04
	Judi Burgess, Director of Labor Relations	g. e-Mail
		jburgess@bu.edu
		h. Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal pro Jniversity Higher Education		
. The above-named employer has engaged in and is engaging in unfair labor practices	within the meaning of s	ection 8(a), subsections (1) and (list
subsections) 8(a)(1) and (5)	of the National La	abor Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning of the Act, or these un	nfair labor practices are i	unfalr practices affecting commerce
within the meaning of the Act and the Postal Reorganization Act.	<u></u>	
. Basis of the Charge (set forth a clear and concise statement of the facts constituting The University has failed to bargain in good faith by, including but not		
or approximately seven months, and refusing to provide information r imely fashion, pertaining to: duties performed by bargaining unit empl	oyees; salary rates	and structures for non-tenure
track instructional staff; changes to salary structure; formula used to d	etermine FTE (Full-	Time Employee) status: benefits
provided to bargaining unit employee.	·	
3. Full name of party filing charge (<i>if labor organization, give full name, including local r</i>	name and number)	
. Full name of party filing charge <i>(if labor organization, give full name, including local r</i> Service Employees International Union, Local 509	name and number)	
	name and number)	4b. Tel. No. 617-924-8509
a. Address (Street and number, city, state, and ZIP code)	name and number)	4b. Tel. No. 617-924-8509
a. Address (<i>Street and number, city, state, and ZIP code</i>) 100 Talcott Avenue, Bldg 313 , 2nd fl	name and number)	4c. Cell No.
a. Address (<i>Street and number, city, state, and ZIP code</i>) 100 Talcott Avenue, Bldg 313 , 2nd fl	name and number)	
a. Address (<i>Street and number, city, state, and ZIP code</i>) 100 Talcott Avenue, Bldg 313 , 2nd fl	name and number)	4c. Cell No.
a. Address (Street and number, city, state, and ZIP code) 100 Talcott Avenue, Bldg 313 , 2nd fl Natertown, MA 02472 5. Full name of national or international labor organization of which it is an affiliate or co		4c. Cell No. ^{4d.} Fax ^{No.} 617-924-8248 4e. e-Mall
a. Address (Street and number, city, state, and ZIP code) 100 Talcott Avenue, Bldg 313 , 2nd fl Watertown, MA 02472 5. Full name of national or international labor organization of which it is an affiliate or co		4c. Cell No. ^{4d.} Fax ^{No.} 617-924-8248 4e. e-Mall
a. Address (Street and number, city, state, and ZIP code) 100 Talcott Avenue, Bldg 313 , 2nd fl Natertown, MA 02472 5. Full name of national or international labor organization of which it is an affiliate or co	onstituent unit <i>(to be fille</i>	4c. Cell No. ^{4d.} Fax ^{No.} 617-924-8248 4e. e-Mall
a. Address (Street and number, city, state, and ZIP code) 100 Talcott Avenue, Bldg 313 , 2nd fl Natertown, MA 02472 5. Full name of national or international labor organization of which it is an affiliate or co organization) Service Employees International Union 6. DECLARATION	onstituent unit <i>(to be fille</i> r knowledge and belief,	4c. Cell No. 4d. Fax No. 617-924-8248 4e. e-Mall ed in when charge is filed by a labor Tel. No.
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my	onstituent unit <i>(to be fille</i> vknowledge and bellef, ney	4c. Cell No. 4d. Fax No. 617-924-8248 4e. e-Mall ed in when charge is filed by a labor Tel. No. 617-367-7200

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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.