

# ILLINOIS LABOR RELATIONS BOARD

- LOCAL PANEL:** e.g., County of Cook, City of Chicago, Chicago Transit Authority, Forest Preserve District of Cook County
- STATE PANEL:** e.g., State of Illinois, county governments, municipal governments, Regional Transportation Authority

<b>DO NOT WRITE IN THIS SPACE</b>
<b>CASE NUMBER</b>
<b>DATE FILED</b>

## DECLARATION OF DISINTEREST PETITION

**INSTRUCTIONS:** In accordance with the Illinois Public Labor Relations Act, 5 ILCS 315 (2014), *as amended*, and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1210.65, the following information is required. A copy of the most recently negotiated contract, if there is one, *must* be attached to this petition. If more space is required for any item, attach additional sheet(s), numbering items accordingly. **State Panel cases (e.g., State of Illinois, municipal and county government); Local Panel cases (e.g., City of Chicago and Cook County government).** This petition may be filed in either of the Board's offices or at [ILRB.Filing@illinois.gov](mailto:ILRB.Filing@illinois.gov). Facsimiles are no longer accepted.

<b>Illinois Labor Relations Board</b> 801 South 7 <sup>th</sup> Street, Suite 1200A Springfield, Illinois 62703 (217) 785-3155	<b>Illinois Labor Relations Board</b> 160 North LaSalle Street, Suite S-400 Chicago, Illinois 60603-3103 (312) 793-6400
-----------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 5 ILCS 315 (2014), *as amended*. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.

<b>1.</b>	<b>NAME OF EMPLOYER/DEPARTMENT</b>	<b>TELEPHONE NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>2.</b>	<b>EMPLOYER REPRESENTATIVE</b>	<b>TELEPHONE NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>3.</b>	<b>NAME OF LABOR ORGANIZATION and Affiliation (if any)</b>	<b>TELEPHONE NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>4.</b>	<b>LABOR ORGANIZATION REPRESENTATIVE</b>	<b>TELEPHONE NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>

<b>5.</b>	<b>DESCRIPTION OF BARGAINING UNIT</b> (include employee classifications or job titles)	
	Included:	
	Excluded:	
<b>6.</b>	<b>APPROXIMATE NUMBER OF EMPLOYEES IN UNIT</b>	
	<b>METHOD OF RECOGNITION</b> (if known)	<b>DATE OF RECOGNITION</b>
	<b>ILRB CASE NUMBER</b>	
<b>7.</b>	<b>IS THERE AN EXISTING COLLECTIVE BARGAINING AGREEMENT?</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
	(if yes, attach agreement)	
	<b>IF YES, DATE OF EXPIRATION</b>	
	<b>IF YES, BRIEF DESCRIPTION OF COLLECTIVE BARGAINING AGREEMENT</b>	

**DECLARATION**

**BY SIGNING THIS PETITION, THE LABOR ORGANIZATION WAIVES AND DISCLAIMS ANY RIGHT TO REPRESENT THE BARGAINING UNIT EMPLOYEES.**

---

I have read the above petition and all attachments. The statements contained therein are true to the best of my knowledge and belief.

<b>BY:</b> _____ Signature of person filing petition	<b>NAME:</b> _____ <b>TITLE:</b> _____ <b>DATE:</b> _____
---------------------------------------------------------	-----------------------------------------------------------------

---