

# 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 CASE NUMBER</b>
<b>DATE FILED</b>

## DEMAND FOR COMPULSORY INTEREST ARBITRATION

**INSTRUCTIONS:** In accordance with the Illinois Public Labor Relations Act, 5 ILCS 315, *as amended*, and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1230.70, this demand is to be filed with the Board if any dispute has not been resolved within 15 days after the first meeting of the parties and the mediator or within such other time limit as may be mutually agreed by the parties. 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
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This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 5 ILCS 315, *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>	ARE NEGOTIATIONS FOR ... <b>INITIAL CONTRACT</b> <input type="checkbox"/> <b>SUCCESSOR CONTRACT</b> <input type="checkbox"/>	
	<b>IF SUCCESSOR CONTRACT, EXISTING CONTRACT EXPIRATION DATE</b>	<b>ILRB CONTRACT NUMBER</b>

<b>6.</b>	<b>DATE MEDIATION BEGAN</b>	<b>ILRB CASE NUMBER</b>
	<b>IF NOT IN MEDIATION, DATE REQUEST FOR MEDIATION WAS MADE</b>	<b>DATE MEDIATION REFUSED</b>
	<b>IF NO REQUEST FOR MEDIATION WAS MADE, DATE PARTIES AGREED TO WAIVE MEDIATION</b>	
<b>7.</b>	<b>UNIT DESCRIPTION</b>	
<b>8.</b>	<b>IS BARGAINING UNIT ...</b> <b>HISTORICAL</b> <input type="checkbox"/> <b>ILRB CERTIFIED</b> <input type="checkbox"/>	
	<b>IF ILRB CERTIFIED ...</b> <b>ILRB Case Number:</b> _____ <b>Date of Certification:</b> _____	
<b>9.</b>	<b>IF NEGOTIATING FOR A <i>SUCCESSOR CONTRACT</i>, DATE NOTICE OF NO AGREEMENT WAS FILED</b>	
	<b>IF NEGOTIATING FOR <i>INITIAL CONTRACT</i>, DATE NOTICE OF STATUS OF NEGOTIATIONS WAS FILED</b>	
<b>10.</b>	<b>HAVE THE PARTIES REQUESTED ARBITRATION SERVICES FROM ANOTHER SOURCE?</b>	<b>YES</b>  <b>NO</b>
	<b>IF YES, PROVIDE ...</b>  <b>Arbitrator name:</b> _____ <b>Address:</b> _____ <b>Telephone number:</b> _____ <b>Date arbitration began:</b> _____ <b>Dates of all subsequent arbitration sessions:</b> _____	

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

**NAME:** \_\_\_\_\_

**BY:** \_\_\_\_\_  
Signature of person filing petition

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_