

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

DO NOT WRITE IN THIS SPACE
CASE NUMBER
DATE FILED

EMPLOYER REPRESENTATION 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 §1200.20, §1210.40 and §1210.80, the following information is required. Submit an original and one (1) copy of this petition to the Illinois Labor Relations Board. If more space is required for any item, attach additional sheet(s), numbering items accordingly. This petition may be filed in either of the Board's offices. Facsimiles are no longer accepted. Questions may be directed to ILRB.Filing@illinois.gov.

Illinois Labor Relations Board 801 South 7 th Street, Suite 1200A Springfield, Illinois 62703 (217) 785-3155	Illinois Labor Relations Board 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.

The petitioning employer alleges that one or more labor organizations have presented a claim to be recognized as the exclusive bargaining representative of a majority of the employees in an appropriate unit.

1.	NAME OF PETITIONING EMPLOYER	TELEPHONE NUMBER
	ADDRESS	E-MAIL
2.	EMPLOYER REPRESENTATIVE	TELEPHONE NUMBER
	ADDRESS	E-MAIL
3.	NAME OF LABOR ORGANIZATION #1	TELEPHONE NUMBER
	ADDRESS	E-MAIL
4.	LABOR ORGANIZATION #1 REPRESENTATIVE	TELEPHONE NUMBER
	ADDRESS	E-MAIL
5.	NAME OF LABOR ORGANIZATION #2	TELEPHONE NUMBER
	ADDRESS	E-MAIL

6.	LABOR ORGANIZATION #2 REPRESENTATIVE	TELEPHONE NUMBER
	ADDRESS	E-MAIL
7.	IS THERE A <i>CURRENT</i> EXCLUSIVE BARGAINING AGENT FOR ANY OF THE EMPLOYEES IN THE PROPOSED UNIT? if yes, provide name of current bargaining agent: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
8.	IS THERE AN <i>EXISTING</i> COLLECTIVE BARGAINING AGREEMENT? (if yes, please attach agreement) if yes, date of expiration: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
EMPLOYEES COVERED BY EXISTING COLLECTIVE BARGAINING AGREEMENT		
Included:		
Excluded:		
9.	ELECTION AND/OR RECOGNITION HISTORY PRIOR TO JULY 1, 1984 TO EXTENT KNOWN	
10.	APPROXIMATE NUMBER OF EMPLOYEES IN UNIT CLAIMED TO BE APPROPRIATE	
11.	DESCRIPTION OF UNIT CLAIMED to be appropriate for the purpose of collective bargaining. (Be specific as to each job title or classification to be included in the unit proposed in this petition.)	
Included:		
Excluded:		
DOES THE PROPOSED UNIT COMBINE PROFESSIONAL/NON-PROFESSIONAL EMPLOYEES?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Which job titles are professional? _____		
DOES THE PROPOSED UNIT COMBINE CRAFT/NON-CRAFT EMPLOYEES?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Which job titles are craft? _____		

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: _____