

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

NOTICE OF NO AGREEMENT (PROTECTIVE SERVICES EMPLOYEES)

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 §1230.50(a)(2), this notice is to be filed with the Board if no agreement has been reached 30 days after service of a demand for bargaining for a successor contract in units containing Protective Services employees. This notice shall be filed by the party who filed the notice of its intent to terminate or modify. 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 or at **ILRB.Filing@illinois.gov**. Facsimiles are no longer accepted.

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.

It is understood that Section 14 of the act mandates that parties negotiating a collective bargaining agreement for protective services employees engage in mediation 30 days prior to the expiration date of the agreement.

1.	NAME OF EMPLOYER/DEPARTMENT	TELEPHONE NUMBER
	ADDRESS	E-MAIL
2.	EMPLOYER REPRESENTATIVE	TELEPHONE NUMBER
	ADDRESS	E-MAIL
3.	NAME OF LABOR ORGANIZATION and Affiliation (if any)	TELEPHONE NUMBER
	ADDRESS	E-MAIL
4.	LABOR ORGANIZATION REPRESENTATIVE	TELEPHONE NUMBER
	ADDRESS	E-MAIL
5.	EXPIRATION DATE OF EXISTING CONTRACT	ILRB CONTRACT NUMBER

6.	SPECIFIC DESCRIPTION OF BARGAINING UNIT	
7.	IS BARGAINING UNIT...	
	Historical <input type="checkbox"/>	
	ILRB Certified <input type="checkbox"/>	
	IF ILRB CERTIFIED...	
	ILRB Case Number: _____	
	Date of Unit Certification: _____	
8.	ARE THE PARTIES NOW IN MEDIATION?	YES <input type="checkbox"/>
		NO <input type="checkbox"/>
	IF YES, PROVIDE...	
	Mediator name: _____	
	Address: _____	
	Telephone number: _____	
	Date mediation began: _____	
	Dates of all subsequent mediation sessions: _____	
9.	If not currently in mediation, do you wish the Labor Relations Board's assistance in obtaining mediation?	YES <input type="checkbox"/>
		NO <input type="checkbox"/>
	IF YES, have the parties filed a request for mediation with the Board?	YES <input type="checkbox"/>
		NO <input type="checkbox"/>

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: _____
