

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 STATUS OF NEGOTIATIONS (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(b)(2), this notice is to be filed with the Board if no agreement has been reached 30 days after the first bargaining sessions for an initial collective bargaining agreement concerning Protective Services employees. This notice shall be filed by the party who filed the demand for bargaining. 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 7th Street, Suite 1200A Springfield, Illinois 62703 (217) 785-3155	Illinois Labor Relations Board 160 North LaSalle Street, Suite S-400 Chicago, Illinois 60601-3103 (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.

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.	SPECIFIC DESCRIPTION OF BARGAINING UNIT
6.	IS BARGAINING UNIT... <div style="text-align: right; margin-right: 100px;"> Historical <input type="checkbox"/> ILRB Certified <input type="checkbox"/> </div> <hr/> IF ILRB CERTIFIED... ILRB Case Number: _____ Date Case Certified: _____
7.	ARE THE PARTIES NOW IN MEDIATION? <div style="float: right; text-align: right;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <hr/> IF YES, PROVIDE... <div style="text-align: right; margin-right: 100px;"> Mediator name: _____ Address: _____ Telephone number: _____ Date mediation began: _____ Dates of all subsequent mediation sessions: _____ </div>
8.	If not currently in mediation, do you wish the Labor Relations Board's assistance in obtaining mediation? <div style="float: right; text-align: right;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>

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: _____	TITLE: _____
Signature of person filing petition	DATE: _____
