

# 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>

## REQUEST FOR GRIEVANCE MEDIATION/GRIEVANCE ARBITRATION PANEL GENERAL SERVICE EMPLOYEES

**INSTRUCTIONS:** Pursuant to 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 §1230.200 and 1230.210, the following information is required. Submit an original copy of this request 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 or electronically filed at ILRB.Filing@illinois.gov.

<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>	<b>Expiration date of EXISTING Collective Bargaining Agreement</b>	<b>ILRB CONTRACT NUMBER</b>
<b>6.</b>	<b>TYPE OF SERVICE REQUESTED (please check only one)</b>	
	Grievance Arbitration <input type="checkbox"/> Grievance Mediation <input type="checkbox"/>	

**7. BRIEF DESCRIPTION OF NATURE OF DISPUTE, INCLUDING UNRESOLVED ISSUES**

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**FOR EMPLOYER**

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

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

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

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**FOR LABOR ORGANIZATION**

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

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

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_