

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

DECERTIFICATION PETITION

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 §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. The Board requires the original signatures of the showing of interest, therefore electronic filing and facsimiles are not 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 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
	STREET, CITY, STATE, ZIP	E-MAIL
2.	EMPLOYER REPRESENTATIVE	TELEPHONE NUMBER
	STREET, CITY, STATE, ZIP	E-MAIL
3.	NAME OF PETITIONER	TELEPHONE NUMBER
	STREET, CITY, STATE, ZIP	E-MAIL
	JOB TITLE	
4.	PETITIONER REPRESENTATIVE	TELEPHONE NUMBER
	STREET, CITY, STATE, ZIP	E-MAIL

5.	NAME OF CURRENT LABOR ORGANIZATION (for any of the employees in the unit involved)		TELEPHONE NUMBER
	STREET, CITY, STATE, ZIP		E-MAIL
	METHOD OF RECOGNITION	DATE OF RECOGNITION	ILRB CASE NUMBER
6.	DESCRIPTION OF UNIT INVOLVED		
	Included:		
	Excluded:		
7.	APPROXIMATE NUMBER OF EMPLOYEES IN UNIT		
8.	Is this petition accompanied by a showing of interest from 30% or more of the employees in the unit involved? YES <input type="checkbox"/> NO <input type="checkbox"/>		
9.	IS THERE AN EXISTING COLLECTIVE BARGAINING AGREEMENT? (if yes, attach agreement) YES <input type="checkbox"/> NO <input type="checkbox"/>		
	DATE OF EXPIRATION		

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: _____
