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

DECLARATION OF DISINTEREST 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 <u>Ill. Adm. Code</u> §1210.65, the following information is required. A copy of the most recently negotiated contract, if there is one, *must* be attached to this petition. If more space is required for any item, attach additional sheet(s), numbering items accordingly. **State Panel cases (e.g., State of Illinois, municipal and county government); Local Panel cases (e.g., City of Chicago and Cook County government).** This petition may be filed in either of the Board's offices or at <u>ILRB.Filing@illinois.gov</u>. 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 60603-3103 (312) 793-6400

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 5 ILCS 315 (2014), *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 |
| 4. | LABOR ORGANIZATION REPRESENTATIVE ADDRESS | TELEPHONE NUMBER |

| 5. | DESCRIPTION OF BARGAINING UNIT (include employee classifications or job titles) | | |
|----|---|---------------------|--|
| | Included: | | |
| | | | |
| | Excluded: | | |
| 6. | APPROXIMATE NUMBER OF EMPLOYEES IN UNIT | | |
| | METHOD OF RECOGNITION (if known) | DATE OF RECOGNITION | |
| | ILRB CASE NUMBER | | |
| 7. | IS THERE AN EXISTING COLLECTIVE BARGAINING AGREEMENT? (if yes, attach agreement) | YES NO | |
| | IF YES, DATE OF EXPIRATION | | |
| | IF YES, BRIEF DESCRIPTION OF COLLECTIVE BARGAINING AGREEMENT | | |

DECLARATION

BY SIGNING THIS PETITION, THE LABOR ORGANIZATION WAIVES AND DISCLAIMS ANY RIGHT TO REPRESENT THE BARGAINING UNIT EMPLOYEES.

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: |
| | |