

# 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</b>
<b>CASE NUMBER</b>
<b>DATE FILED</b>

## EMPLOYER REPRESENTATION 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 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. Facsimiles are no longer accepted. Questions may be directed to [ILRB.Filing@illinois.gov](mailto: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.**

**The petitioning employer alleges that one or more labor organizations have presented a claim to be recognized as the exclusive bargaining representative of a majority of the employees in an appropriate unit.**

<b>1.</b>	<b>NAME OF PETITIONING EMPLOYER</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 #1</b>	<b>TELEPHONE NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>4.</b>	<b>LABOR ORGANIZATION #1 REPRESENTATIVE</b>	<b>TELEPHONE NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>5.</b>	<b>NAME OF LABOR ORGANIZATION #2</b>	<b>TELEPHONE NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>

<b>6.</b>	<b>LABOR ORGANIZATION #2 REPRESENTATIVE</b>	<b>TELEPHONE NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>7.</b>	<b>IS THERE A <i>CURRENT</i> EXCLUSIVE BARGAINING AGENT FOR ANY OF THE EMPLOYEES IN THE PROPOSED UNIT?</b> <span style="float: right;">YES <input type="checkbox"/></span> <span style="float: right;">NO <input type="checkbox"/></span>	
	<b>if yes, provide name of current bargaining agent:</b> _____	
<b>8.</b>	<b>IS THERE AN <i>EXISTING</i> COLLECTIVE BARGAINING AGREEMENT?</b> <span style="float: right;">YES <input type="checkbox"/></span> <span style="float: right;">NO <input type="checkbox"/></span>	
	<small>(if yes, please attach agreement)</small>	
	<b>if yes, date of expiration:</b> _____	
	<b>EMPLOYEES COVERED BY EXISTING COLLECTIVE BARGAINING AGREEMENT</b>	
	Included:	
	Excluded:	
<b>9.</b>	<b>ELECTION AND/OR RECOGNITION HISTORY PRIOR TO JULY 1, 1984 TO EXTENT KNOWN</b>	
<b>10.</b>	<b>APPROXIMATE NUMBER OF EMPLOYEES IN UNIT CLAIMED TO BE APPROPRIATE</b>	
<b>11.</b>	<b>DESCRIPTION OF UNIT CLAIMED to be appropriate for the purpose of collective bargaining.</b> <small>(Be specific as to each job title or classification to be included in the unit proposed in this petition.)</small>	
	Included:	
	Excluded:	
	<b>DOES THE PROPOSED UNIT COMBINE PROFESSIONAL/NON-PROFESSIONAL EMPLOYEES?</b> <span style="float: right;">YES <input type="checkbox"/></span> <span style="float: right;">NO <input type="checkbox"/></span>	
	<b>Which job titles are professional?</b> _____	
	<b>DOES THE PROPOSED UNIT COMBINE CRAFT/NON-CRAFT EMPLOYEES?</b> <span style="float: right;">YES <input type="checkbox"/></span> <span style="float: right;">NO <input type="checkbox"/></span>	
	<b>Which job titles are craft?</b> _____	

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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: \_\_\_\_\_

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