		ILLINOIS LABOR R	ELATIONS BO	ARD			
				DO NOT WRITE I	N THIS SPACE		
☐ LOCAL P	ANEL:	e.g., County of Cook, City of Cransit Authority, Forest Preserve County	_	CASE NUI			
STATE P.	ANEL:	e.g., State of Illinois, coun municipal governments, Region Authority	Dille		ILED		
EMPLOYER'S PETITION FOR EXPEDITED ELECTION							
INSTRUCTIONS: In accordance with the Illinois Public Labor Relations Act, 5 ILCS 315, <i>as amended</i> , and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1210.190, 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 or at ILRB.Filing@illinois.gov							
		linois Labor Relations Board 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 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, <i>as amended</i> . Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.							
THE PETITIONING EMPLOYER ALLEGES THAT PICKETING COVERED BY 10(b)(7)(C) HAS BEEN OR IS BEING CONDUCTED BY THE LABOR ORGANIZATION AND THE PETITIONER SEEKS AN EXPEDITED ELECTION PURSUANT TO THAT SECTION.							
1. NAME OF	F PETIT	IONING EMPLOYER		TELEPHONE N	UMBER		

ADDRESS E-MAIL 2. EMPLOYER'S REPRESENTATIVE **TELEPHONE NUMBER** ADDRESS E-MAIL NAME OF PICKETING LABOR ORGANIZATION TELEPHONE NUMBER E-MAIL ADDRESS TELEPHONE NUMBER 4. LABOR ORGANIZATION REPRESENTATIVE E-MAIL **ADDRESS** Is there a CURRENT exclusive bargaining agent for any of the employees YES NO in the proposed unit? if YES, Current Bargaining Agent: Is there an *EXISTING* collective bargaining agreement? YES NO (if yes, please attach agreement) if YES, date of expiration:

7.	ELECTION AND/OR RECOGNITION HISTORY PRIOR TO JULY 1, 1984 TO EXTENT KNOWN							
8.	EMPLOYEES COVERED BY EXISTING COLLECTIVE BARGAININ	NG AGREEMEN	T (if applicable)					
9.	APPROXIMATE NUMBER OF EMPLOYEES IN UNIT CLAIMED TO BE APPROPRIATE							
10.	To the extent known, describe the unit claimed by the labor organization to be appropriate	te for the purpose of	collective bargaining					
	Does the proposed unit combine professional/non-professional employees? Which job titles are professional?	YES	NO 🗌					
	Does the proposed unit combine craft/non-craft employees? Which job titles are craft?	YES	NO					
11.	Does the employer agree that the above described unit is appropriate?	YES	NO 🗌					
	If NO, indicate what unit, if any, the Employer claims to be appropriate: Does the employer's proposed unit combine professional/non-professional employees?	YES 🖂	NO 🗌					
	Which job titles are professional?							
	Does the employer's proposed unit combine craft/non-craft employees? Which job titles are craft?	YES	NO					
12.	DATE PICKETING BEGAN							
13.	DESCRIBE, IN DETAIL, the nature and extent of picketing. Attach evidence, includi affidavits supporting the employer's allegation of activities as set forth in 10(b)(7) of the Act.	ng relevant document	s and					
I h	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							
	Signature of person filing petition DATE:							