

# 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>

## FILING OF COLLECTIVE BARGAINING AGREEMENT

**INSTRUCTIONS:** Within 60 days after a collective bargaining agreement has been reached between employers and labor organizations subject to the Illinois Public Labor Relations Act, 5 ILCS 315, *as amended*, each Employer and Labor Organization shall file with the Board copies of these collective bargaining agreements in accordance with the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1200.145. These agreements shall be included with this document. Collective bargaining agreements can be filed at either office or electronically 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>CONTRACT</b>	
	Execution Date: _____ Expiration Date: _____	

<b>6.</b>	<b>UNIT DESCRIPTION</b> (be specific as to job titles or classification)
<b>7.</b>	<b>APPROXIMATE NUMBER OF EMPLOYEES COVERED BY THE AGREEMENT</b>
<b>8.</b>	<b>IS BARGAINING UNIT ...</b> <div style="text-align: center; margin-left: 100px;"> <b>HISTORICAL</b> <input type="checkbox"/>  <b>ILRB CERTIFIED</b> <input type="checkbox"/> </div> <hr/> <b>IF ILRB CERTIFIED ...</b> <div style="text-align: center; margin-left: 100px;"> <b>Date of Certification:</b> _____  <b>ILRB Case Number:</b> _____ </div>
<b>9.</b>	<b>Does the bargaining unit covered by this collective bargaining agreement include protective service employees?</b> <div style="float: right; text-align: right;"> <b>YES</b> <input type="checkbox"/>      <b>NO</b> <input type="checkbox"/> </div>

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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.

**NAME:** \_\_\_\_\_

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

**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.

**NAME:** \_\_\_\_\_

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

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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