

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

PETITION OF INTERVENTION IN REPRESENTATION PROCEEDING

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 §1210.50, the following information is required. If the intervening labor organization filing this petition is seeking a unit substantially **SIMILAR** to that petitioned for by a competing labor organization, this petition need only be supported by a **10% interest showing**. In determining whether the proposed bargaining units are substantially similar, the Board will consider the number and type of employees included in each of the proposed units. The proposed units will not be considered substantially similar whenever less than 50 percent of the employees in the originally proposed unit are included in the unit proposed by the intervenor.

If the intervening labor organization filing this petition seeks a substantially **DIFFERENT** unit which will include some of the employees petitioned for by a competing labor organization, this petition will only be considered if it is supported by a **30% interest showing**. Depending upon the time of filing intervenor may have the right to participate in any hearing on the competing organization's claim as well as the right to appear on the ballot in a Board conducted election. This petition may be filed in either of the Board's offices. Facsimiles are not accepted

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 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 (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 INTERVENOR LABOR ORGANIZATION and Affiliation (if any)	TELEPHONE NUMBER
	ADDRESS	E-MAIL
4.	INTERVENOR REPRESENTATIVE	TELEPHONE NUMBER
	ADDRESS	E-MAIL
5.	NAME OF COMPETING LABOR ORGANIZATION	TELEPHONE NUMBER

6.	Description of unit Intervenor claims to be appropriate for the purpose of collective bargaining. Be specific as to each job title, classification or employee to be included. (If extra space is needed, please attach another paper) Included: Excluded:						
7.	DOES THE INTERVENOR'S PROPOSED UNIT COMBINE PROFESSIONAL/NON-PROFESSIONAL EMPLOYEES? YES <input type="checkbox"/> NO <input type="checkbox"/> Which job titles are professional? DOES THE INTERVENOR'S PROPOSED UNIT COMBINE CRAFT/NON-CRAFT EMPLOYEES? YES <input type="checkbox"/> NO <input type="checkbox"/> Which job titles are craft?						
8.	APPROXIMATE NUMBER OF EMPLOYEES IN UNIT INTERVENOR CLAIMS TO BE APPROPRIATE						
9.	PLEASE INDICATE THE CASE IN WHICH YOU ARE INTERVENING ILRB Case Number: _____ Approximate date of filing: _____						
10.	Is this petition accompanied by a showing of interest from 10% or more of the employees in the unit requested in that case? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, is this petition accompanied by a showing of interest from 30% or more of the employees in the Intervenor's proposed unit? YES <input type="checkbox"/> NO <input type="checkbox"/>						
11.	IS THERE A CURRENT EXCLUSIVE BARGAINING AGENT FOR ANY OF THE EMPLOYEES IN THE PROPOSED UNIT? YES <input type="checkbox"/> NO <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">NAME OF CURRENT BARGAINING AGENT</td> <td>TELEPHONE NUMBER</td> </tr> <tr> <td colspan="2">ADDRESS</td> </tr> <tr> <td>METHOD OF RECOGNITION OF CURRENT BARGAINING AGENT Historical: <input type="checkbox"/> ILRB certified: <input type="checkbox"/></td> <td>DATE OF RECOGNITION</td> </tr> </table>	NAME OF CURRENT BARGAINING AGENT	TELEPHONE NUMBER	ADDRESS		METHOD OF RECOGNITION OF CURRENT BARGAINING AGENT Historical: <input type="checkbox"/> ILRB certified: <input type="checkbox"/>	DATE OF RECOGNITION
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12.	IS THERE AN EXISTING COLLECTIVE BARGAINING AGREEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> Date of expiration: _____ EMPLOYEES COVERED BY THIS COLLECTIVE BARGAINING AGREEMENT Included: Excluded:						

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	NAME: _____ TITLE: _____ DATE: _____
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