

# 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

|                                   |
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| <b>DO NOT WRITE IN THIS SPACE</b> |
| <b>CASE NUMBER</b>                |
| <b>DATE FILED</b>                 |

## PETITION TO AMEND CERTIFICATION

**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 §1210.180, 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. **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 [ILRB.Filing@illinois.gov](mailto:ILRB.Filing@illinois.gov). Facsimiles are no longer accepted.

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| <b>Illinois Labor Relations Board</b><br>801 South 7 <sup>th</sup> Street, Suite 1200A<br>Springfield, Illinois 62703<br>(217) 785-3155 | <b>Illinois Labor Relations Board</b><br>160 North LaSalle Street, Suite S-400<br>Chicago, Illinois 60603-3103<br>(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.

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|-----------|--|-------------------------|
| <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>PETITIONING PARTY:</b><br><div style="text-align: center;"> <input type="checkbox"/> <b>EMPLOYER</b><br/> <input type="checkbox"/> <b>LABOR ORGANIZATION</b> </div> |                         |
| <b>6.</b> | <b>DATE OF CERTIFICATION OF REPRESENTATIVE</b>   | <b>ILRB CASE NUMBER</b> |

