

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

REPRESENTATION/CERTIFICATION 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.

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.

ELECTION PETITION -- The Petitioner alleges that at least 30% of the employees in an appropriate unit request a secret ballot election to determine whether Petitioner should be certified as the exclusive collective bargaining agent for the employees in that unit. Petitioner includes evidence of this 30% showing and requests that the Board process this petition under its proper authority.

MAJORITY INTEREST PETITION -- The Petitioner alleges that a majority of the employees in an appropriate unit wish to be represented by Petitioner for the purposes of collective bargaining. Petitioner includes evidence of this majority support and requests that the Board process this petition under its proper authority.

1.	NAME OF EMPLOYER/DEPARTMENT	TELEPHONE NUMBER
	STREET ADDRESS, CITY, STATE, ZIP	E-MAIL
2.	EMPLOYER REPRESENTATIVE	TELEPHONE NUMBER
	STREET ADDRESS, CITY, STATE, ZIP	E-MAIL
3.	NAME OF PETITIONING LABOR ORGANIZATION and affiliation	TELEPHONE NUMBER
	STREET ADDRESS, CITY, STATE, ZIP	E-MAIL
4.	LABOR ORGANIZATION REPRESENTATIVE	TELEPHONE NUMBER
	STREET ADDRESS, CITY, STATE, ZIP	E-MAIL

5.	ARE ANY OF THE EMPLOYEES IN THE PROPOSED UNIT CURRENTLY REPRESENTED BY A LABOR ORGANIZATION? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide the following: Current Labor Organization: _____ Labor Organization Representative: _____ Street Address, City, State, Zip: _____ Telephone number: _____ E-mail: _____
6.	IS THERE AN EXISTING COLLECTIVE BARGAINING AGREEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, date of expiration: _____ (please attach agreement) RECOGNITION OF EXISTING COLLECTIVE BARGAINING UNIT: Historical <input type="checkbox"/> -or- ILRB Certified <input type="checkbox"/> ILRB certified case number: _____
7.	REASON FOR FILING PETITION: (Please check) <input type="checkbox"/> TO REPRESENT UNIT FOR PURPOSE OF COLLECTIVE BARGAINING <input type="checkbox"/> TO INCLUDE TITLE/POSITION(S) IN EXISTING BARGAINING UNIT Title/position(s) to be included in unit: _____
8.	Approximate Number of Employees in proposed (or existing) Bargaining Unit: _____ Approximate number of Employees in each Title/Position to be included in Bargaining Unit: _____ (for existing units only)
9.	DESCRIPTION OF UNIT claimed to be appropriate for the purpose of collective bargaining: (If petition is seeking to include a title/position in existing unit, describe unit as it <u>currently</u> exists.)
10.	DOES THE PROPOSED UNIT: CONSIST ONLY OF EMPLOYEES WHO ARE SUPERVISORY WITHIN THE MEANING OF SECTION 3(r) OF THE ACT? YES <input type="checkbox"/> NO <input type="checkbox"/> (Employer's approval of supervisory unit is mandatory) COMBINE PROFESSION/NON-PROFESSIONAL EMPLOYEES? YES <input type="checkbox"/> NO <input type="checkbox"/> list titles that are professional: _____ COMBINE CRAFT/NON-CRAFT EMPLOYEES? YES <input type="checkbox"/> NO <input type="checkbox"/> list titles that are craft: _____

REQUIRED EVIDENCE OF SHOWING OF INTEREST
Election Petition: 30% or more of the employees in the proposed unit.
Majority Interest Petition: Over 50% of the employees in the proposed unit.
 -- The employees' original signatures are required. Copies will not be accepted. --

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: _____
