

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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|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
| CASE NUMBER |
| DATE FILED |

REQUEST FOR MEDIATION PANEL (GENERAL PUBLIC EMPLOYEES)

INSTRUCTIONS: In accordance with the Illinois Public Labor Relations Act, 5 ILCS 315, *as amended*, and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1230.60(b), the following information is required. 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. Facsimiles are no longer accepted.

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| 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, *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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|-----------|--|-----------------------------|
| 1. | NAME OF EMPLOYER/DEPARTMENT | TELEPHONE NUMBER |
| | STREET, CITY, STATE, ZIP | E-MAIL |
| 2. | EMPLOYER REPRESENTATIVE | TELEPHONE NUMBER |
| | STREET, CITY, STATE, ZIP | E-MAIL |
| 3. | NAME OF LABOR ORGANIZATION | TELEPHONE NUMBER |
| | STREET, CITY, STATE, ZIP | E-MAIL |
| 4. | LABOR ORGANIZATION REPRESENTATIVE | TELEPHONE NUMBER |
| | STREET, CITY, STATE, ZIP | E-MAIL |
| 5. | ARE NEGOTIATIONS FOR ... | |
| | INITIAL CONTRACT <input type="checkbox"/> SUCCESSOR CONTRACT | |
| | If SUCCESSOR contract, expiration date of EXISTING contract | ILRB CONTRACT NUMBER |

| | | |
|------------|--|--|
| 6. | Is this request for mediation ... <p style="text-align: center;">JOINT <input type="checkbox"/></p> <p style="text-align: center;">UNILATERAL <input type="checkbox"/></p> | If request is UNILATERAL ... <p style="text-align: center;">Which party is seeking? _____</p> <p>When was notice filed on other party? _____</p> |
| 7. | BRIEF DESCRIPTION OF NATURE OF DISPUTE, INCLUDING UNRESOLVED ISSUES | |
| 8. | SPECIFIC DESCRIPTION OF BARGAINING UNIT | |
| 9. | IS BARGAINING UNIT ... <p style="text-align: center;">HISTORICAL <input type="checkbox"/></p> <p style="text-align: center;">ILRB CERTIFIED <input type="checkbox"/></p> | |
| | IF ILRB CERTIFIED ... <p style="text-align: center;">ILRB Case Number: _____</p> <p style="text-align: center;">Date of Certification: _____</p> | |
| 10. | Have the parties requested mediation services from another source? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | IF YES, PROVIDE ... <p style="text-align: center;">Mediator name: _____</p> <p style="text-align: center;">Address: _____</p> <p style="text-align: center;">Telephone number: _____</p> <p style="text-align: center;">Date mediation began: _____</p> <p style="text-align: center;">Dates of all subsequent mediation sessions: _____</p> | |

I have read the above petition and all attachments. The statements contained therein are true to the best of my knowledge and belief

FOR EMPLOYER:

FOR LABOR ORGANIZATION:

BY:

BY:

Signature of Representative

Signature of Representative

NAME:

NAME:

TITLE:

TITLE:

DATE:

DATE: