

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

REQUEST FOR VOLUNTARY RECOGNITION 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 §1200.20 and §1210.160, 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. This petition may be filed in either of the Board's offices or at ILRB.Filing@illinois.gov. Facsimiles are no longer accepted.

Illinois Labor Relations Board 801 South 7th 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 LABOR ORGANIZATION and Affiliation (if any)	TELEPHONE NUMBER
	ADDRESS	E-MAIL
4.	LABOR ORGANIZATION REPRESENTATIVE	TELEPHONE NUMBER
	ADDRESS	E-MAIL

5.	DESCRIPTION OF BARGAINING UNIT (including job titles and classifications) Included: Excluded:
6.	ARE THERE ANY PROFESSIONAL EMPLOYEES IN THIS UNIT? YES <input type="checkbox"/> NO <input type="checkbox"/> Which job titles are professional? _____
7.	NUMBER OF EMPLOYEES IN UNIT
8.	EVIDENCE OF MAJORITY STATUS (Include a brief description of why there is reason to believe that the labor organization appears to represent a majority of the employees in the unit, as well as the objective evidence which supports the labor organization's majority status.) (If authorization cards are being offered as such evidence, they should be submitted with this petition.)
9.	WE AGREE that the above-named Employer is a public employer within the meaning of Sections 3(o) and 20(b) of the Illinois Public Labor Relations Act and that the above-named labor organization is a labor organization within Section 3(i) of the Illinois Public Labor Relations Act, and that the Illinois Labor Relations Board has jurisdiction over this matter.

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: _____
 Signature of Representative

BY: _____
 Signature of Representative

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____
