

# 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

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

## UNIT CLARIFICATION PETITION

**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 §1210.170, 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 or at [ILRB.Filing@illinois.gov](mailto:ILRB.Filing@illinois.gov). Facsimiles are no longer accepted.

<b>Illinois Labor Relations Board</b> 801 South 7 <sup>th</sup> Street, Suite 1200A Springfield, Illinois 62703 (217) 785-3155	<b>Illinois Labor Relations Board</b> 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.

<b>1.</b>	<b>NAME OF EMPLOYER/DEPARTMENT</b>	<b>TELEPHONE</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>2.</b>	<b>EMPLOYER REPRESENTATIVE</b>	<b>TELEPHONE</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>3.</b>	<b>NAME OF LABOR ORGANIZATION and Affiliation (if any)</b>	<b>TELEPHONE</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>4.</b>	<b>LABOR ORGANIZATION REPRESENTATIVE</b>	<b>TELEPHONE</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>5.</b>	<b>IS THERE AN <i>EXISTING</i> COLLECTIVE BARGAINING AGREEMENT?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	If yes, date of expiration: _____	
<b>6.</b>	<b>APPROXIMATE NUMBER OF EMPLOYEES IN EXISTING UNIT:</b> _____	

<b>7.</b>	<b>DESCRIPTION OF EXISTING UNIT</b> (specify titles and classifications)
<b>8.</b>	<b>RECOGNITION OF EXISTING COLLECTIVE BARGAINING UNIT</b> <b>HISTORICAL</b> <input type="checkbox"/> <b>ILRB CERTIFIED</b> <input type="checkbox"/> <b>IF ILRB CERTIFIED</b> <b>Date of Certification:</b> _____ <b>ILRB Case Number:</b> _____
<b>9.</b>	<b>NATURE OF AND REASONS FOR PROPOSED CLARIFICATION OF UNIT:</b>
<b>10.</b>	<b>APPROXIMATE NUMBER OF EMPLOYEES IN TITLE AFFECTED BY CLARIFICATION:</b> _____

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**FOR UNILATERALLY FILED PETITION**

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

<b>BY:</b> _____ <b>Signature of person filing petition</b>	<b>NAME:</b> _____ <b>TITLE:</b> _____ <b>DATE:</b> _____
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**FOR STIPULATED PETITION**

We have read the above petition and all the attachments. The statements contained therein are true to the best of our knowledge and belief. We mutually request the Illinois Labor Relations Board to approve this Stipulated Unit Clarification Petition.

**FOR EMPLOYER:**

**FOR LABOR ORGANIZATION:**

**BY:** \_\_\_\_\_  
**Signature of Representative**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**BY:** \_\_\_\_\_  
**Signature of Representative**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_