

# ILLINOIS LABOR RELATIONS BOARD

**STATE PANEL:** One Natural Resources Way, First Floor  
Springfield, Illinois 62702-1270  
(217) 785-3155 FAX: (217) 785-4146

**LOCAL PANEL:** 160 North LaSalle Street, Suite S-400  
Chicago, Illinois 60601-3103  
(312) 793-6400 FAX: (312) 793-6989

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

## DECERTIFICATION PETITION

**INSTRUCTIONS:** In accordance with the Illinois Public Labor Relations Act, 5 ILCS 315 (2006), and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1210.60 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. **State Panel cases (e.g., State of Illinois, municipal and county government) must be filed in Springfield; Local Panel cases (e.g., City of Chicago and Cook County government) must be filed in Chicago.**

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 5 ILCS 315 (2006). 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 NUMBER</b>
		<b>FAX NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>2.</b>	<b>EMPLOYER REPRESENTATIVE</b>	<b>TELEPHONE NUMBER</b>
		<b>FAX NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>3.</b>	<b>NAME OF PETITIONER</b>	<b>TELEPHONE NUMBER</b>
		<b>FAX NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
	<b>JOB TITLE</b>	
<b>4.</b>	<b>PETITIONER REPRESENTATIVE</b>	<b>TELEPHONE NUMBER</b>
		<b>FAX NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>5.</b>	<b>NAME OF CURRENTLY CERTIFIED OR RECOGNIZED BARGAINING AGENT</b> (for any of the employees in the unit involved)	<b>TELEPHONE NUMBER</b>
		<b>FAX NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>

	METHOD OF RECOGNITION	DATE OF RECOGNITION	ILRB CASE NUMBER
6.	<b>DESCRIPTION OF UNIT INVOLVED</b>  Included:          Excluded:		
7.	<b>APPROXIMATE NUMBER OF EMPLOYEES IN UNIT</b>		
8.	<b>Is this petition accompanied by a showing of interest from 30% or more of the employees in the unit involved?</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>
9.	<b>IS THERE AN EXISTING COLLECTIVE BARGAINING AGREEMENT?</b> (if yes, attach agreement)		YES <input type="checkbox"/> NO <input type="checkbox"/>
	<b>IF YES, DATE OF EXPIRATION</b>		

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

BY: \_\_\_\_\_  
**Signature of person filing petition**

NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

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