

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

DO NOT WRITE IN THIS SPACE
CASE NUMBER
DATE FILED

DEMAND FOR COMPULSORY INTEREST ARBITRATION

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 §1230.70, this demand is to be filed with the Board at any time within 15 days after the first meeting with the mediator or within such other time limit as may be mutually agreed by the parties. 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.

1.	NAME OF EMPLOYER/DEPARTMENT	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL
2.	EMPLOYER REPRESENTATIVE	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL
3.	NAME OF LABOR ORGANIZATION and Affiliation (if any)	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL
4.	LABOR ORGANIZATION REPRESENTATIVE	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL
5.	ARE NEGOTIATIONS FOR ... <i>INITIAL CONTRACT</i> <input type="checkbox"/> <i>SUCCESSOR CONTRACT</i> <input type="checkbox"/>	
	IF SUCCESSOR CONTRACT, EXPIRATION DATE OF EXISTING CONTRACT	ILRB CONTRACT NUMBER

6.	DATE MEDIATION BEGAN	ILRB CASE NUMBER
	IF NOT IN MEDIATION, DATE REQUEST FOR MEDIATION WAS MADE	DATE MEDIATION REFUSED
IF NO REQUEST FOR MEDIATION WAS MADE, DATE PARTIES AGREED TO WAIVE MEDIATION		
7.	UNIT DESCRIPTION Included: Excluded:	
8.	IS BARGAINING UNIT ... HISTORICAL <input type="checkbox"/> ILRB CERTIFIED <input type="checkbox"/> IF ILRB CERTIFIED ... Date of Certification: _____ ILRB Case Number: _____	
9.	IF NEGOTIATING FOR A <i>SUCCESSOR CONTRACT</i>, DATE NOTICE OF NO AGREEMENT WAS FILED IF NEGOTIATING FOR AN <i>INITIAL CONTRACT</i>, DATE NOTICE OF STATUS OF NEGOTIATIONS WAS FILED	
10.	HAVE THE PARTIES REQUESTED ARBITRATION SERVICES FROM ANOTHER SOURCE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PROVIDE ... Arbitrator name: _____ Address: _____ Telephone number: _____ Date arbitration began: _____ Dates of all subsequent arbitration sessions: _____	

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: _____
