

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

EMPLOYER'S PETITION FOR EXPEDITED ELECTION

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 §1210.190, 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.

THE PETITIONING EMPLOYER ALLEGES THAT PICKETING COVERED BY 10(b)(7)(C) HAS BEEN OR IS BEING CONDUCTED BY THE LABOR ORGANIZATION AND THE PETITIONER SEEKS AN EXPEDITED ELECTION PURSUANT TO THAT SECTION.

1.	NAME OF PETITIONING EMPLOYER	TELEPHONE NUMBER
	ADDRESS	FAX NUMBER
2.	EMPLOYER'S REPRESENTATIVE	TELEPHONE NUMBER
	ADDRESS	FAX NUMBER
3.	NAME OF PICKETING LABOR ORGANIZATION	TELEPHONE NUMBER
	ADDRESS	FAX NUMBER
4.	LABOR ORGANIZATION REPRESENTATIVE	TELEPHONE NUMBER
	ADDRESS	FAX NUMBER
5.	IS THERE A <i>CURRENT</i> EXCLUSIVE BARGAINING AGENT FOR ANY OF THE EMPLOYEES IN THE PROPOSED UNIT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	if YES, Current Bargaining Agent: _____	
6.	IS THERE AN <i>EXISTING</i> COLLECTIVE BARGAINING AGREEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	(if yes, please attach agreement) if YES, date of expiration: _____	
7.	ELECTION AND/OR RECOGNITION HISTORY PRIOR TO JULY 1, 1984 TO EXTENT KNOWN	

8.	EMPLOYEES COVERED BY <i>EXISTING</i> COLLECTIVE BARGAINING AGREEMENT (if applicable) Included: Excluded:
9.	APPROXIMATE NUMBER OF EMPLOYEES IN UNIT CLAIMED TO BE APPROPRIATE
10.	TO THE EXTENT KNOWN, DESCRIBE THE UNIT CLAIMED BY THE LABOR ORGANIZATION TO BE APPROPRIATE FOR THE PURPOSE OF COLLECTIVE BARGAINING Included: Excluded:
	DOES THE PROPOSED UNIT COMBINE PROFESSIONAL/ NON-PROFESSIONAL EMPLOYEES? YES <input type="checkbox"/> NO <input type="checkbox"/> Which job titles are professional? _____
	DOES THE PROPOSED UNIT COMBINE CRAFT/ NON-CRAFT EMPLOYEES? YES <input type="checkbox"/> NO <input type="checkbox"/> Which job titles are craft? _____
11.	DOES THE EMPLOYER AGREE THAT THE ABOVE DESCRIBED UNIT IS APPROPRIATE? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, indicate what unit, if any, the Employer claims to be appropriate: Included: Excluded:
	DOES THE EMPLOYER'S PROPOSED UNIT COMBINE PROFESSIONAL/NON-PROFESSIONAL EMPLOYEES? YES <input type="checkbox"/> NO <input type="checkbox"/> Which job titles are professional? _____
	DOES THE EMPLOYER'S PROPOSED UNIT COMBINE CRAFT/NON-CRAFT EMPLOYEES? YES <input type="checkbox"/> NO <input type="checkbox"/> Which job titles are craft? _____
12.	DATE PICKETING BEGAN
13.	DESCRIBE, IN DETAIL, the nature and extent of picketing. Attach evidence, including relevant documents and affidavits supporting the employer's allegation of activities as set forth in 10(b)(7) of the Act.

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

TITLE: _____

DATE: _____
