

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

FILING OF COLLECTIVE BARGAINING AGREEMENT

INSTRUCTIONS: Within 60 days after a collective bargaining agreement has been reached between employers and labor organizations subject to the Illinois Public Labor Relations Act, 5 ILCS 315 (2006), each Employer and Labor Organization shall file with the Board two copies of these collective bargaining agreements in accordance with the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1200.145. These agreements shall be included with this document. **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.	CONTRACT	
	Execution Date: _____ Expiration Date: _____	

6.	UNIT DESCRIPTION (be specific as to job titles or classification)
	<p>Included:</p> <p>Excluded:</p>
7.	APPROXIMATE NUMBER OF EMPLOYEES COVERED BY THE AGREEMENT
8.	IS BARGAINING UNIT ... <div style="text-align: center; margin-top: 10px;"> HISTORICAL <input type="checkbox"/> ILRB CERTIFIED <input type="checkbox"/> </div> <hr/> IF ILRB CERTIFIED ... <div style="text-align: center; margin-top: 5px;"> Date of Certification: _____ ILRB Case Number: _____ </div>
9.	DOES THE BARGAINING UNIT COVERED BY THIS COLLECTIVE BARGAINING AGREEMENT INCLUDE PROTECTIVE SERVICE EMPLOYEES? <div style="float: right; margin-top: 10px;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>

FOR EMPLOYER

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: _____

FOR LABOR ORGANIZATION

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: _____
