

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

NOTICE OF NO AGREEMENT (PROTECTIVE SERVICES EMPLOYEES)

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 §1230.50(a)(2), this notice is to be filed with the Board if no agreement has been reached 30 days after service of a demand for bargaining for a successor contract in units containing Protective Services employees. This notice shall be filed by the party who filed the notice of its intent to terminate or modify. 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.

IT IS UNDERSTOOD THAT SECTION 14 OF THE ACT MANDATES THAT PARTIES NEGOTIATING A COLLECTIVE BARGAINING AGREEMENT FOR PROTECTIVE SERVICES EMPLOYEES ENGAGE IN MEDIATION 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE AGREEMENT.

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.	EXPIRATION DATE OF EXISTING CONTRACT	ILRB CONTRACT NUMBER

6.	SPECIFIC DESCRIPTION OF BARGAINING UNIT
	<p>Included:</p> <p>Excluded:</p>
7.	<p>IS BARGAINING UNIT...</p> <p style="text-align: right;">Historical <input type="checkbox"/></p> <p style="text-align: right;">ILRB Certified <input type="checkbox"/></p> <hr/> <p>IF ILRB CERTIFIED...</p> <p style="text-align: right;">Date of Certification: _____</p> <p style="text-align: right;">ILRB Case Number: _____</p>
8.	<p>ARE THE PARTIES NOW IN MEDIATION? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <hr/> <p>IF YES, PROVIDE...</p> <p style="text-align: right;">Mediator name: _____</p> <p style="text-align: right;">Address: _____</p> <p style="text-align: right;">Telephone number: _____</p> <p style="text-align: right;">Date mediation began: _____</p> <p style="text-align: right;">Dates of all subsequent mediation sessions: _____</p>
9.	<p>IF NOT CURRENTLY IN MEDIATION, DO YOU WISH THE LABOR RELATIONS BOARD'S ASSISTANCE IN OBTAINING MEDIATION? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <hr/> <p>If yes, have the parties filed a request for mediation with the board?</p>

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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