

# 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

## REPRESENTATION/CERTIFICATION 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 §1200.20, §1210.40 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.

**DO YOU WANT THIS PETITION TO BE PROCESSED THROUGH THE BOARD'S ELECTION PROCEDURES OR ITS MAJORITY INTEREST PETITION PROCEDURES?**

**ELECTION PETITION** -- The Petitioner alleges that at least 30% of the employees in an appropriate unit request a secret ballot election to determine whether Petitioner should be certified as the exclusive collective bargaining agent for the employees in that unit. Petitioner includes evidence of this 30% showing and requests that the Board process this petition under its proper authority.

**MAJORITY INTEREST PETITION** -- The Petitioner alleges that a majority of the employees in an appropriate unit wish to be represented by Petitioner for the purposes of collective bargaining. Petitioner includes evidence of this majority support and requests that the Board process this petition under its proper authority.

<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 PETITIONING LABOR ORGANIZATION and Affiliation (if any)</b>	<b>TELEPHONE NUMBER</b>
		<b>FAX NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
<b>4.</b>	<b>LABOR ORGANIZATION REPRESENTATIVE</b>	<b>TELEPHONE NUMBER</b>
		<b>FAX NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>

<b>5.</b>	<b>ARE ANY OF THE EMPLOYEES IN THE PROPOSED UNIT CURRENTLY REPRESENTED BY A LABOR ORGANIZATION?</b> <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>
	If YES, please provide the following: <b>Current Labor Organization:</b> _____ <b>Labor Organization Representative:</b> _____ <b>Address:</b> _____ <b>Telephone Number:</b> _____
<b>6.</b>	<b>IS THERE AN EXISTING COLLECTIVE BARGAINING AGREEMENT?</b> <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span> If YES, date of expiration: _____ (please attach agreement)
	<b>RECOGNITION OF EXISTING COLLECTIVE BARGAINING UNIT:</b> Historical <input type="checkbox"/> -or- ILRB Certified <input type="checkbox"/> ILRB certified case number: _____
<b>7.</b>	<b>REASON FOR FILING PETITION:</b> (please check one) <input type="checkbox"/> TO REPRESENT UNIT FOR PURPOSE OF COLLECTIVE BARGAINING <input type="checkbox"/> TO INCLUDE TITLE/POSITION(S) IN EXISTING BARGAINING UNIT Title/position(s) to be included in unit: _____
<b>8.</b>	<b>APPROXIMATE NUMBER OF EMPLOYEES IN PROPOSED (OR EXISTING) BARGAINING UNIT:</b> _____ <b>APPROXIMATE NUMBER OF EMPLOYEES IN EACH TITLE/POSITION TO BE INCLUDED IN EXISTING UNIT:</b> _____ (for existing units only)
<b>9.</b>	<b>DESCRIPTION OF UNIT claimed to be appropriate for the purpose of collective bargaining:</b> (If petition is seeking to include a title/position in existing unit, describe unit as it <u>currently</u> exists.)  Included:        Excluded:
<b>10.</b>	<b>DOES THE PROPOSED UNIT:</b> <b>CONSIST ONLY OF EMPLOYEES WHO ARE SUPERVISORY WITHIN THE MEANING OF SECTION 3(r) OF THE ACT?</b> <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span> (Employer's approval of supervisory unit is mandatory)  <b>COMBINE PROFESSIONAL/NON-PROFESSIONAL EMPLOYEES?</b> <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span> list titles that are professional: _____  <b>COMBINE CRAFT/NON-CRAFT EMPLOYEES?</b> <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span> list titles that are craft: _____

**This petition must be accompanied by a showing of interest from 30% or more of the employees in the proposed unit for an election petition, or a majority of the employees in the proposed unit for a majority interest petition.**

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: \_\_\_\_\_

TITLE: \_\_\_\_\_

Signature of person filing petition

DATE: \_\_\_\_\_

