

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

DECLARATION OF DISINTEREST 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 §1210.65, the following information is required. A copy of the most recently negotiated contract, if there is one, *must* be attached to this petition. 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.	DESCRIPTION OF BARGAINING UNIT (include employee classifications or job titles)	
	Included:	
	Excluded:	
6.	APPROXIMATE NUMBER OF EMPLOYEES IN UNIT	
	METHOD OF RECOGNITION (if known)	DATE OF RECOGNITION
	ILRB CASE NUMBER	
7.	IS THERE AN EXISTING COLLECTIVE BARGAINING AGREEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	(if yes, attach agreement)	
	IF YES, DATE OF EXPIRATION	
	IF YES, BRIEF DESCRIPTION OF COLLECTIVE BARGAINING AGREEMENT	

DECLARATION

BY SIGNING THIS PETITION, THE LABOR ORGANIZATION WAIVES AND DISCLAIMS ANY RIGHT TO REPRESENT THE BARGAINING UNIT EMPLOYEES.

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: _____
