ILLINOIS LABOR RELATIONS BOARD

☐ **LOCAL PANEL:** e.g., County of Cook, City of Chicago, Chicago Transit Authority, Forest Preserve District of Cook County

☐ **STATE PANEL:** e.g., State of Illinois, county governments, municipal governments, Regional Transportation Authority

DO NOT WRITE IN THIS SPACE **CASE NUMBER**
DATE FILED

NOTICE OF STATUS OF NEGOTIATIONS
(PROTECTIVE SERVICES EMPLOYEES)

INSTRUCTIONS: In accordance with the Illinois Public Labor Relations Act, 5 ILCS 315, *as amended*, and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1230.50(b)(2), this notice is to be filed with the Board if no agreement has been reached 30 days after the first bargaining sessions for an initial collective bargaining agreement concerning Protective Services employees. This notice shall be filed by the party who filed the demand for bargaining. If more space is required for any item, attach additional sheet(s), numbering items accordingly. This petition may be filed in either of the Board's offices or at **ILRB.Filing@illinois.gov**. Facsimiles are no longer accepted.

Illinois Labor Relations Board **801 South 7th Street, Suite 1200A** **Springfield, Illinois 62703** **(217) 785-3155**	**Illinois Labor Relations Board** **160 North LaSalle Street, Suite S-400** **Chicago, Illinois 60603-3103** **(312) 793-6400**

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 5 ILCS 315, *as amended*. 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**
	ADDRESS	**E-MAIL**
2.	**EMPLOYER REPRESENTATIVE**	**TELEPHONE NUMBER**
	ADDRESS	**E-MAIL**
3.	**NAME OF LABOR ORGANIZATION and Affiliation** (if any)	**TELEPHONE NUMBER**
	ADDRESS	**E-MAIL**
4.	**LABOR ORGANIZATION REPRESENTATIVE**	**TELEPHONE NUMBER**
	ADDRESS	**E-MAIL**

5.	**SPECIFIC DESCRIPTION OF BARGAINING UNIT**
6.	**IS BARGAINING UNIT…** **Historical** ☐ **ILRB Certified** ☐
	IF ILRB CERTIFIED… **ILRB Case Number:** _____ **Date Case Certified:** _____
7.	**ARE THE PARTIES NO IN MEDIATION?** **YES** ☐ **NO** ☐
	IF YES, PROVIDE… **Mediator name:** _____ **Address:** _____ **Telephone number:** _____ **Date mediation began:** _____ **Dates of all subsequent mediation sessions:** _____
8.	**If not currently in mediation, do you wish the Labor Relations Board's assistance in obtaining mediation?** **YES** ☐ **NO** ☐

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: _____