

# 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

<b>DO NOT WRITE IN THIS SPACE</b>
CASE NUMBER
DATE FILED

## REQUEST FOR GRIEVANCE MEDIATION/GRIEVANCE ARBITRATION PANEL GENERAL SERVICE EMPLOYEES

**INSTRUCTIONS:** Pursuant to 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 §1230.200 and 1230.210, the following information is required. Submit an original and one (1) copy of this request 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.

<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 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>EXPIRATION DATE OF EXISTING COLLECTIVE BARGAINING AGREEMENT</b>	<b>ILRB CONTRACT NUMBER</b>
<b>6.</b>	<b>TYPE OF SERVICE REQUESTED (please check only one)</b> <b>Grievance Arbitration</b> <input type="checkbox"/> <b>Grievance Mediation</b> <input type="checkbox"/>	

**7. BRIEF DESCRIPTION OF NATURE OF DISPUTE, INCLUDING UNRESOLVED ISSUES**

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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