

ILLINOIS LABOR RELATIONS BOARD

STATE PANEL: One Natural Resources Way, First Floor
Springfield, Illinois 62702
(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

UNIT CLARIFICATION 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 §1210.170, 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.

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.	IS THERE AN <i>EXISTING</i> COLLECTIVE BARGAINING AGREEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	If yes, date of expiration: _____	
6.	APPROXIMATE NUMBER OF EMPLOYEES IN EXISTING UNIT: _____	

7.	DESCRIPTION OF EXISTING UNIT (specify titles and classifications) Included: Excluded:
8.	RECOGNITION OF EXISTING COLLECTIVE BARGAINING UNIT: HISTORICAL <input type="checkbox"/> -or- ILRB CERTIFIED <input type="checkbox"/> IF ILRB CERTIFIED: Date of Certification: _____ ILRB Case Number: _____
9.	NATURE OF AND REASONS FOR PROPOSED CLARIFICATION OF UNIT:
10.	APPROXIMATE NUMBER OF EMPLOYEES IN TITLE AFFECTED BY CLARIFICATION: _____

FOR UNILATERALLY FILED PETITION

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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FOR STIPULATED PETITION

We have read the above petition and all the attachments. The statements contained therein are true to the best of our knowledge and belief. We mutually request the Illinois Labor Relations Board to approve this Stipulated Unit Clarification Petition.

FOR EMPLOYER:

FOR LABOR ORGANIZATION:

BY: _____
 Signature of Representative

NAME: _____

TITLE: _____

DATE: _____

BY: _____
 Signature of Representative

NAME: _____

TITLE: _____

DATE: _____

