

**STATE OF ILLINOIS**  
**EDUCATIONAL LABOR RELATIONS BOARD**  
**160 N. LASALLE ST., SUITE N-400, CHICAGO, ILLINOIS 60601**  
**TELEPHONE: (312)793-3170 FAX: (312)793-3369**  
**ELRB.mail@illinois.gov**

**MEDIATION REQUEST**

(Use this form to request a panel of mediators from the IELRB. Requests to FMCS, AAA, or private sources may be in the form of a letter and a copy forwarded to IELRB.)

Pursuant to Sections 1130.30 (b) - 1130.30 (d) of the Rules and Regulations which implement Section 12 of the Illinois Educational Labor Relations Act mediation may be invoked as follows: (1) at any time, upon joint request of the parties; (2) upon the request of one party or upon the Board's own motion, within 90 days prior to the scheduled start of the forthcoming school year; (3) automatically by the Board, 45 days after bargaining has begun in units for which exclusive representatives have been newly certified or 45 days prior to the scheduled start of the forthcoming school year.

The name, affiliation, if any, address and telephone number of the requesting party or parties:

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The name, affiliation, if any, address and telephone number of the other party to collective bargaining:

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The date collective bargaining began: \_\_\_\_\_

The date the existing contract, if any, is scheduled to expire: \_\_\_\_\_

The date of the scheduled start of the forthcoming school year: \_\_\_\_\_

The name and signature of the requesting party or parties:

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Section 1130.30 (f). Requests for mediation shall be writing.

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purposes under PA 83-1014. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by the Forms Management Center. IL 548-0056 (8/16)