

STATE OF ILLINOIS
ILLINOIS EDUCATIONAL LABOR RELATIONS BOARD

160 North LaSalle Street, Suite N-400

Chicago, Illinois 60601-3103

Telephone: 312.793.3170 Email: ELRB.Mail@illinois.gov

TDD: 1-800-855-1155 (RELAY)

STIPULATION TO DEFER SELECTION OF A MEDIATOR (FROM ANY SOURCE*)

Name of Educational Employer: _____

Name of Employee Organization, Description of Bargaining Unit, and Number of Employees in the Unit: _____

Expiration Date of Existing Contract: _____

Date of Scheduled Start of the Forthcoming School Year: _____

Pursuant to Section 1130.30(e) of the Rules and Regulations of the Illinois Educational Labor Relations Board, we, the undersigned, do hereby declare that we wish to jointly defer selection of a mediator. We agree to maintain the status quo with respect to existing terms and conditions of employment and will not engage in a strike until at least ten (10) days after the stipulation is withdrawn. We understand that either party may withdraw the stipulation at any time by giving notice to the other party and to the Board.

EMPLOYER REPRESENTATIVE:

Name and Title: _____

Address: _____

Telephone: _____

Email: _____

Date: _____

Signature: _____

EMPLOYEE REPRESENTATIVE:

Name and Title: _____

Address: _____

Telephone: _____

Email: _____

Date: _____

Signature: _____

*Privately selected individuals or organizations such as the Federal Mediation and Conciliation Service or the American Arbitration Association.