

STATE OF ILLINOIS
ILLINOIS EDUCATIONAL LABOR RELATIONS BOARD
PETITION

DO NOT WRITE IN THIS SPACE
CASE NO.
DATE FILED

INSTRUCTIONS — Submit an original and one copy of this Petition to the IELRB Office in Springfield or Chicago. Petition must be typed or printed in ink.
If more space is required for any one item, attach additional sheets, numbering item accordingly.

The Petitioner alleges that the following circumstances exist and requests that the Illinois Educational Labor Relations Board proceed under its proper authority pursuant to Section 7(c) of the Illinois Educational Labor Relations Act.

1. Purpose of this Petition
(Check one)
RC-CERTIFICATION OF REPRESENTATIVE — A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.
RS- CERTIFICATION OF REPRESENTATIVE — SELF-DETERMINATION — A group of employees wish to be represented for purposes of collective bargaining by Petitioner in a unit already represented by Petitioner.
RM-REPRESENTATION (EMPLOYER PETITION) — One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner, or the employer doubts the majority status of an existing employee organization.
RD-DECERTIFICATION — A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
UC-UNIT CLARIFICATION — A labor organization is currently recognized by employer, but petitioner seeks clarification of placement of certain employees:
AC- AMENDMENT OF CERTIFICATION — Petitioner seeks amendment of certification issued in Case No.

2. NAME OF EMPLOYER EMPLOYER REPRESENTATIVE TO CONTACT PHONE NO.

3. ADDRESS(ES) OF ESTABLISHMENT(S) INVOLVED (Street and Number, City, State, and ZIP Code) 3a. County

4. Unit Involved (In UC petition, describe PRESENT bargaining unit and attach description of proposed clarification.) (In RS self-determination petition, describe present bargaining unit and attach description of the group sought to be added.)
Included
Excluded
5a. NUMBER OF EMPLOYEES IN UNIT (or, where applicable, group to be added by self-determination election.)
PRESENT
PROPOSED (BY UC/AC)
5b. IS THIS PETITION SUPPORTED BY 30% OR MORE OF THE EMPLOYEES IN THE UNIT?
YES NO
Not applicable in RM, UC, and AC

6a. Request for recognition as Bargaining Representative was made on and Employer declined recognition on or about (If no rep/y received, so state)

6b. Petitioner is currently recognized as Bargaining Representative and desires certification under the act.

7. Recognized or Certified Bargaining Agent (If there is none, so state)

NAME AFFILIATION
ADDRESS DATE OF RECOGNITION OR CERTIFICATION

8. DATE OF EXPIRATION OF CURRENT CONTRACT, IF ANY (Show month, day, and year)

9a. IS THERE NOW A STRIKE OR PICKETING AT THE EMPLOYER'S ESTABLISHMENT(S) INVOLVED? YES NO
9b. IF SO, APPROXIMATELY HOW MANY EMPLOYEES ARE PARTICIPATING?

9c. THE EMPLOYER HAS BEEN PICKETED BY OR ON BEHALF OF A LABOR ORGANIZATION, OF S I N C E (Insert name) (Insert address) (Month, day, year)

10. ORGANIZATIONS OR INDIVIDUALS OTHER THAN PETITIONER WHICH HAVE CLAIMED OR HAVE BEEN RECOGNIZED AS REPRESENTATIVES AND OTHER ORGANIZATIONS AND INDIVIDUALS KNOWN TO HAVE A REPRESENTATIVE INTEREST IN ANY EMPLOYEES IN THE UNIT DESCRIBED IN ITEM 4 ABOVE. (IF NONE, SO STATE)

Table with 4 columns: NAME, AFFILIATION, ADDRESS, DATE OF CLAIM (Required only if Petition is filed by Employer)

11. Election for Recognition History prior to January 1, 1984 to the extent known.

I declare that I have read the above petition and that the statements therein are true to the best of my knowledge and belief.

(Petitioner and affiliation, if any)
B (Signature of representative or person filing petition) y (Title, if any)
A d d r e s s (Street and Number, City, State, and ZIP Code) s s (Telephone number)

NOTICE OF INTENT TO RECOGNIZE
TO BE FILED WITH
THE ILLINOIS EDUCATIONAL LABOR RELATIONS BOARD

Date Filed

Case No. (For Official Use Only)

1. Name and Address of Employer

2. Name, Address, and Affiliation of Employee Organization
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3. Bargaining Unit	3a. Number of Employees in Unit
Included: Excluded:	

4. Evidence of Majority Status (Include a brief description of the reason why there is reason to believe that the Employee Organization appears to represent a majority of the Employees)
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5. Date on which Notice of Intent to Recognize was/will be (please designate) posted (please attach a copy hereto)

5a. Termination Date of Posting Period (20 school days)

6. I certify that the contents of this Notice of Intent to Recognize are true and correct to the best of my knowledge and belief. If no Notice of Intervention has been timely filed herein, this Notice is to be construed as a request for Certification of Voluntary Recognition.

 (Petitioner)

 (Signature)

 (Title)

 (Name)

 (Date)