

STATE OF ILLINOIS
ILLINOIS EDUCATIONAL LABOR RELATIONS BOARD
ONE NATURAL RESOURCES WAY
SPRINGFIELD, ILLINOIS 62702 TELEPHONE: 217/ 782-9068
TDD: 1-800-855-1155 (RELAY)

90-45-15 Day Notice

PLEASE CHECK TYPE OF NOTICE:

- A. _____ Newly certified representative 45-Day Notice*
- B. _____ Unit that contains professional instructional personnel represented by existing exclusive representative (check whichever is applicable):
_____ 90-Day Notice
_____ 45-Day Notice
_____ 15-Day Notice*
- C. _____ Unit that does not contain professional instructional personnel but are represented by existing exclusive representative (check whichever is applicable):
_____ 45-Day Notice
_____ 15-Day Notice*

PLEASE TYPE OR PRINT:

D. Full Name, Address and phone number of Employer: _____

E. Name, affiliation, address and phone number of exclusive employee representative: _____

*F. The expiration date of the existing collective bargaining agreement, if any: _____

*G. Where the unit contains professional instructional personnel, the date of the schedule start of the forthcoming school year: _____

H. A brief report on the status of negotiations, including the date negotiations began: _____

I. Description of bargaining unit: _____

J. Number of employees in the bargaining unit: _____

K. Duration of current collective bargaining agreement: _____

L. Date of demand for bargaining: _____

M. Number of bargaining sessions already completed and length of each session: _____

N. Schedule, if any, of future bargaining session: _____

O. Number and type of issues in dispute and collective bargaining history: _____

P. Are any parties currently in Mediation? _____ Yes _____ No
If yes, from what source did you choose your mediation?
_____ Organizations such as the Federal Mediation and Conciliation Service or the American Arbitration Association
_____ Illinois Educational Labor Relations Board's Roster
_____ Privately selected individuals

Q. If no, have the parties agreed to using a mediator? _____ Yes _____ No
If yes, from what source will you select a mediator?
_____ Organizations such as the Federal Mediation and Conciliation Service or the American Arbitration Association
_____ Illinois Educational Labor Relations Board's Roster
_____ Privately selected individuals

All notices filed under this Section may be filed jointly, **signed** by both parties. If the notice is not filed jointly, each party shall file a separate notice and serve a copy on the other party. Notices under this Section will be considered filed on the date they are received by the Board. (Section 1130.20(d)).

Employer's Representative to Contact:
Name: _____
Address: _____

Employee's Representative to Contact:
Name: _____
Address: _____

Telephone: _____
Signature: _____

Telephone: _____
Signature: _____

* If by this date, mediation has not been initiated, the Board shall invoke mediation according to Sections 1130.20 (a)(2), (b)(3) and (c)(3). Within two (2) days after the Board automatically invokes mediation, the parties may submit a stipulation to defer selection of a mediator. The stipulation shall be on a form developed by the Board and shall have a provision that the parties will 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. Either party may withdraw the stipulation at any time by giving notice to the other party and to the Board according to Section 1130.30 (b)(2).

This state agency is requesting disclosure of information that is necessary to accomplish that statutory purpose as outlined 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.