

ILLINOIS LABOR RELATIONS BOARD

STATE PANEL: 320 West Washington Street, Suite 500
Springfield, Illinois 62701
(217) 785-3155

LOCAL PANEL: 160 North LaSalle Street, Suite S-400
Chicago, Illinois 60601-3103
(312) 793-6400

DO NOT WRITE IN THIS SPACE
CASE NUMBER
DATE FILED

REQUEST FOR MEDIATION PANEL (PROTECTIVE SERVICES EMPLOYEES)

INSTRUCTIONS: Pursuant to the Illinois Public Labor Relations Act, 5 ILCS 315 (1998), *as amended*, and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1230.60(b), the following information is required. Submit an original and one (1) copy of this request 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.**

1. NAME OF LABOR ORGANIZATION TELEPHONE NUMBER

ADDRESS

ZIP CODE

2. LABOR ORGANIZATION REPRESENTATIVE TELEPHONE NUMBER

ADDRESS

ZIP CODE

3. NAME OF EMPLOYER TELEPHONE NUMBER

ADDRESS

ZIP CODE

4. EMPLOYER REPRESENTATIVE TELEPHONE NUMBER

ADDRESS

ZIP CODE

5. ARE NEGOTIATIONS FOR ...
 INITIAL CONTRACT
 SUCCESSOR CONTRACT

IF *SUCCESSOR CONTRACT*, EXPIRATION DATE OF EXISTING CONTRACT

ILRB CONTRACT NUMBER

6. IS THIS REQUEST FOR MEDIATION ...
 JOINT
 UNILATERAL

IF REQUEST IS UNILATERAL ...

Which party is seeking? _____

When was notice filed on other party? _____

7. **Brief description of nature of dispute, including unresolved issues**

8. **SPECIFIC DESCRIPTION OF BARGAINING UNIT**

Included:

Excluded:

9. **IS BARGAINING UNIT ...**

HISTORICAL

ILRB CERTIFIED

IF ILRB CERTIFIED ...

Date of Certification: _____

ILRB Case Number: _____

10. **HAVE THE PARTIES REQUESTED MEDIATION SERVICES FROM ANOTHER SOURCE?** **YES** **NO**

IF YES, PROVIDE ...

Mediator name: _____

Address: _____

Telephone number: _____

Date mediation began: _____

Dates of all subsequent mediation sessions: _____

FOR EMPLOYER:

FOR LABOR ORGANIZATION:

Signature of Representative

TITLE: _____

DATE: _____

Signature of Representative

TITLE: _____

DATE: _____