

# **NOTICE TO EMPLOYEES**

**FROM THE ILLINOIS EDUCATIONAL LABOR RELATIONS BOARD**

## **NOTICE OF INTENT TO CLARIFY A BARGAINING UNIT BY STIPULATION**

**Case No. 2024-UC-0022-C**

Board of Trustees University of Illinois ("University") and American Federation of State, County and Municipal Employees, Council 31, AFL-CIO ("Union") have filed a petition to clarify the bargaining unit to add the titles of *"Athletic Turf Specialist"* and *"Maintenance Repair Foreman"* in the historical bargaining unit at the University. The proposed bargaining unit description is:

Included: Assistant Grounds Gardener, Assistant Tree Surgeon, Grounds Equipment Mechanic, Grounds Worker, Maintenance Equipment Operator, Maintenance/Repair Worker, Athletic Turf Specialist and Maintenance Repair Foreman.

Excluded: All supervisory, managerial, confidential and short-term employees as defined by the Illinois Educational Labor Relations Act and all other employees.

This Notice will be posted for a period of twenty (20) school days as defined in the Board's Rules and Regulations. Within this notice period, any party may petition the Illinois Educational Labor Relations Board to state objections to the proposed clarification.

The Illinois Educational Labor Relations Board is an agency of the State of Illinois and does not endorse any particular choice in connection with representation for purposes of collective bargaining.

This Notice must not be altered, defaced or covered by any other material. Any questions concerning this Notice or compliance with its provisions may be directed to the Board's offices.


### **ILLINOIS EDUCATIONAL LABOR RELATIONS BOARD**

**160 NORTH LASALLE STREET #N400  
CHICAGO, ILLINOIS 60601**

**ONE NATURAL RESOURCES WAY  
SPRINGFIELD, ILLINOIS 62702**

### CERTIFICATION OF POSTING

I hereby certify that the Notice to Employees provided by the Illinois Educational Labor Relations Board on February 6, 2024 in Case No. 2024-UC-0022-C was posted on Wednesday, February 7, 2024 in accordance with Section 1110.90 of the Board's Rules and Regulations.

  
(Signature)

Assistant Director Labor + Employee Relations  
(Title)

2/7/24  
(Date)

STATE OF ILLINOIS  
ILLINOIS EDUCATIONAL LABOR RELATIONS BOARD  
PETITION

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:  
(Check one) ☐ In unit not previously certified ☒ In unit previously certified in Case No. 84RC00073 + 84 RC 0175-5

☐ AC-AMENDMENT OF CERTIFICATION — Petitioner seeks amendment of certification issued in Case No. \_\_\_\_\_  
Attach statement describing the specific amendment sought.

2. NAME OF EMPLOYER <u>University of Springfield</u>	EMPLOYER REPRESENTATIVE TO CONTACT <u>MARK OWENS</u>
3. ADDRESS(ES) OF ESTABLISHMENT(S) INVOLVED (Street and Number, City, State, and ZIP Code) <u>HRB 30 One University Plaza, Springfield IL 62703</u>	PHONE NO. <u>217-206-7096</u>
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 <u>Athletic Trainers Specialist</u> <u>Maintenance Foreman</u>	3a. County <u>Sangamon County</u> 5a. NUMBER OF EMPLOYEES IN UNIT (or, where applicable, group to be added by self-determination election.) PRESENT <u>12</u> PROPOSED (BY UC/AC) <u>14</u> 5b. IS THIS PETITION SUPPORTED BY 30% OR MORE OF THE EMPLOYEES IN THE UNIT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>*Not applicable in RM, UC, and AC</small>

(If you have checked box RC in 1 above, check and complete EITHER item 6a or 6b, whichever is applicable)

6a. ☐ Request for recognition as Bargaining Representative was made on and Employer declined recognition on or about (If no reply received, so state)  
(Month, day, year)

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 <u>AFSCME Council 31</u>	AFFILIATION <u>615 S. 2nd St, Springfield IL 62704</u>
ADDRESS <u>615 S. 2nd St, Springfield IL 62704</u>	DATE OF RECOGNITION OR CERTIFICATION <u>12/11/23</u>

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

<u>8/31/24</u>	9b. IF SO, APPROXIMATELY HOW MANY EMPLOYEES ARE PARTICIPATING? <u>NO</u>
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9c. THE EMPLOYER HAS BEEN PICKETED BY OR ON BEHALF OF A LABOR ORGANIZATION, OF S I (Insert address) N C E  
(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)

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 Staff Representative  
 (Signature of representative or person filing petition)  
 A d d r e s s s  
 (Street and Number, City, State, and ZIP Code)  
217-288-2800  
 (Telephone number)