



PUBLIC EMPLOYMENT RELATIONS COMMISSION
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PUBLIC EMPLOYMENT RELATIONS COMMISSION

PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION

Form E-1 (9/2010)

Amended Petition in Case

Filing instructions: www.perc.wa.gov/Forms/E-1-inst.pdf

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC

1. PARTIES The petitioner claims that a question concerning representation exists involving certain employees of the employer.

EMPLOYER Health Care Authority
Contact Person Doug Porter
Address P.O. Box 42682
City, State, ZIP Olympia, WA. 98504-2682
Telephone (360) 923-2829 Ext.
Fax (360) 923-2606
E-Mail

PETITIONER Washington Federation of State Employees
Contact Person Herb Harris
Address 1212 Jefferson Street SE, Ste 300
City, State, ZIP Olympia, WA 98501-2332
Telephone (360) 352-7603 Ext.
Fax (360) 352-7608
E-Mail

INCUMBENT BARGAINING REPRESENTATIVE
(If one exists)
Contact Person
Address
City, State, ZIP
Telephone Ext.
Fax
E-Mail

2. DESIGNATION OF REQUEST Select ONE.

- RECOGNITION REQUEST The petitioner requests certification as exclusive representative of the bargaining unit.
CHANGE OF REPRESENTATIVE The employees in the bargaining unit want to designate the petitioner as their exclusive bargaining representative.
DECERTIFICATION The employees in the bargaining unit no longer wish to be represented by any employee organization.
INCLUSION OF UNREPRESENTED EMPLOYEES The petitioner requests to have a group of employees added to an existing bargaining unit pursuant to WAC 391-25-440.
EMPLOYER PETITION -- DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documents) and requests a determination by the Commission.
EMPLOYER PETITION -- INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documents) that a majority of employees no longer desire to be represented by the incumbent bargaining representative.

3. BARGAINING UNIT

Department or Division Involved

Health Insurance Benefits Specialist Supervisors

Number of Employees in Unit 5

Bargaining Unit Description On a separate sheet of paper:

For a new bargaining unit, describe the proposed bargaining unit. Indicate proposed inclusions and exclusions.

If the bargaining unit already exists, provide the description in the collective bargaining agreement or in the PERC decision certifying the unit. Attach a copy of the parties' current or most recent collective bargaining agreement, or indicate the agreement is already on file with PERC.

4. SHOWING OF INTEREST

A petition filed by an organization or by employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.

5. OTHER RELEVANT FACTS Indicate if applicable.

ADDITIONAL INFORMATION is set forth on separate sheets of paper attached to this petition

6. AUTHORIZED SIGNATURE FOR PETITIONER

Print Name Herb Harris Title PERC Specialist

Signature Date September 15, 2011

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PUBLIC EMPLOYMENT
RELATIONS COMMISSION

Certificate of Service
Health Care Authority

As per PERC Commission requirements and WAC 391-08-120(4), I, Tavie Y. Smith, WFSE Associate, do certify that the following facts regarding the filing of the representation petition for the Health Care Authority employees is true.

On September 15, 2011, I deposited in the United States mail, properly stamped and addressed, a copy of the letter to Doug Porter, Health Care Authority and Diane Leigh OFM/LRU. To the best of my knowledge and belief this is the representative of the other party that would need to be notified to fulfill our obligations under WAC 391-08-120 (4).

Signed on September 15, 2011

Tavie Y. Smith, WFSE Associate


Signature



STATE HEADQUARTERS OFFICE

1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501-2332
(360) 352-7603 • 1-800-562-6002 • FAX: (360) 352-7608 • www.wfse.org

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Cathleen Callahan, Executive Director
Public Employment Relations Director
PO Box 40919
Olympia, WA 98504-0919

PUBLIC EMPLOYMENT
RELATIONS COMMISSION

Dear Ms. Callahan:

We are hereby filing a request to be certified as the exclusive bargaining representative for certain supervisory civil service employees at the Washington State Health Care Authority. Our petition would include all health insurance benefits specialist who supervise.

Our records show that we have signed authorization cards from a majority of the employees in this unit and ask that a cross check of employment records is conducted.

Thank you for your attention to our request. If you have any questions please feel free to contact me.

Sincerely,



Herb Harris
PERC Specialist

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1210 Eastside St. S.E., Suite 100
Olympia, WA 98501-2443
(360) 786-1303
1-800-624-0256
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VANCOUVER FIELD OFFICE
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