



PUBLIC EMPLOYMENT RELATIONS COMMISSION
 112 Henry Street NE, Suite 300, Olympia WA 98506
 Mail: PO Box 40919, Olympia WA 98504-0919
 Phone: (360) 570-7300 Fax: (360) 570-7334
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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 State of Washington - Insurance Commissioner
 Contact Person Melanie Watness
 Address PO Box 40257
 City, State, ZIP Olympia, Wa. 98504
 Telephone 360-725-7013 Ext. _____
 Fax unknown
 E-Mail MelanieW@oic.wa.gov

PETITIONER Adrienne DeBella
 Contact Person _____
 Address PO Box 207
 City, State, ZIP Medina, Wa 98039
 Telephone 253-334-3420 Ext. _____
 Fax none
 E-Mail Adrienne_debella@yahoo.com

INCUMBENT BARGAINING REPRESENTATIVE

(If one exists) WFSE
 Contact Person Greg Deveraux
 Address 1212 Jefferson St SE, #300
 City, State, ZIP Olympia, Wa 98501
 Telephone 1-800-562-6002 Ext. _____
 Fax unknown
 E-Mail greg@wfse.org

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

Agency-wide Supervisors

Number of Employees in Unit 18

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.* description of unit, CBA, showing of interest

ADDITIONAL INFORMATION is set forth on separate sheets of paper attached to this petition cards (PERC only)

6. AUTHORIZED SIGNATURE FOR PETITIONER

Print Name Adrienne DeBella

Petitioner,
 Title Financial Examiner 4

Signature Adrienne DeBella

Date 3/22/2013

March 22, 2013

Supplement to filing for decertification E-1 form filed by Adrienne DeBella

Description of the unit

This unit consists of 18 people agency-wide. In the 2011-2013 Collective Bargaining Agreement, Appendix A, the unit is identified as "supervisory classified – Agency wide" and Order #8199.

Signed: 

Date: 3.22.2013

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PUBLIC EMPLOYMENT
RELATIONS COMMISSION

March 22, 2013

To Whom It May Concern,

I hereby certify, under penalty of perjury, that I have served a copy of the attached E-1 form via United States Postal Service, certified mail, postage prepaid and properly addressed, on the following parties:

State of Washington
Office of Insurance Commissioner
Attn: Melanie Watness
PO Box 40257
Olympia, Wa 98504
Certified #7012 0470 0000 6291 1688

Washington Federation of State Employees
Attn: Greg Deveraux
1212 Jefferson St SE, Suite #300
Olympia, Wa 98501
Certified #7012 0470 0000 6291 1695

Truly,

Adrienne DeBella 3.22.2013
Adrienne DeBella Date

Adrienne DeBella
PO Box 207
Medina, Wa 98039
253-334-3420
Adrienne_DeBella@yahoo.com