



PUBLIC EMPLOYMENT RELATIONS COMMISSION

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**PETITION FOR INVESTIGATION OF QUESTION
CONCERNING REPRESENTATION**

PUBLIC EMPLOYMENT
RELATIONS COMMISSION

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 Myla Hite
Address PO Box 45502
City, State, ZIP Olympia, WA 98504-5502
Telephone 360-725-1244 Ext. _____
Fax 360-923-2604
E-Mail _____

PETITIONER WFSE
Contact Person Herb Harris
Address 1212 Jefferson St. 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

Medical Eligibility

Number of Employees in Unit 400

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.

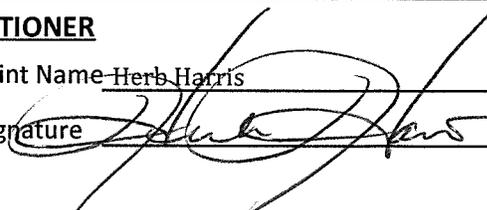
5. OTHER RELEVANT FACTS *Indicate if applicable.*

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 3/28/13



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

March 28, 2013

Michael Sellars, Executive Director
Public Employment Relations Commission
P.O. Box 40919
Olympia, WA 98504-0919

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PUBLIC EMPLOYMENT
RELATIONS COMMISSION

Dear Mr. Sellars:

We are hereby filing a petition under the self determination rule, WAC 391-25-440, to add certain non-supervisory employees working at the Health Care Authority to an existing bargaining unit.

The petitioned for employees include all clerical civil service non-supervisory employees who work in the Medical Assistance program. These employees would be added to the non-supervisory Medical Purchasing Authority bargaining unit created by HB 1738, Section 124 (7); Described as: All non-supervisory civil service employees of the medicaid purchasing administration transferred from the Department of Social and Health Services to the Health Care Authority.

Based on the fact that a majority of employees have signed cards authorizing WFSE as their exclusive representative we are requesting a cross check of the cards.

Thank you for your attention to our request. If you have any questions regarding our petition you can contact me at 352-7603.

Sincerely,

Herb Harris
PERC Specialist

CC: Rick Hall, OFM/LRD
Myla Hite, Heath Care Authority
WFSE Staff

Petition for Investigation of Question Concerning Representation

5. Additional Information.

There are currently eight (8) position of which seven (7) are filled and one (1) is vacant.

The employees are:

Sarah Abraham

Sue Black

Tracie Coleman

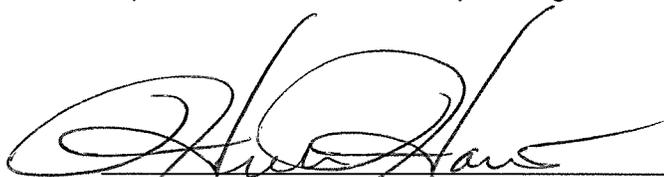
Cami Haukom

Rachel Hostetler

Danielle Mendenhall

Kathy Montgomery

As a majority of employees have signed cards authorizing WFSE as their exclusive representative we are requesting a cross check of the cards.



Herb Harris
PERC Specialist

3/28/13

Date

Certificate of Servicing

As per PERC Commission requirements and WAC 391-08-120(4), I, Herb Harris, do certify that the following facts regarding servicing of the Petition for Investigation of Question Concerning Representation is true.

On March 28, 2013, I deposited in the United States mail, properly stamped and addressed a copy of the petition to Myla Hite, HCA, and Rick Hall, OFM/LRD. To the best of my knowledge and belief these are the representatives of the other parties that would need to be notified to fulfill our obligations under WAC 391-08-120 (4).

Signed on March 28, 2013 by

NAME: Herb Harris



Signature