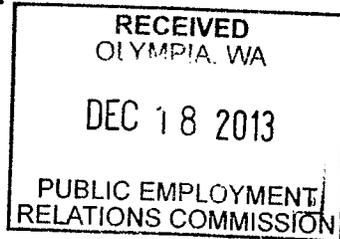




PUBLIC EMPLOYMENT RELATIONS COMMISSION

112 Henry Street NE, Suite 300, Olympia WA 98506
PO Box 40919, Olympia WA 98504-0919
Phone: 360.570.7300 Email: filing@perc.wa.gov
Web: www.perc.wa.gov



REPRESENTATION PETITION

Amended Petition in Case # _____ Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC

PARTIES Include information for all parties involved.

EMPLOYER Cascade Valley Hospital
Contact Barb White
Address 330 S. Stillaguamish
City, State, ZIP Arlington, WA 98223
Telephone 360-618-7817 Ext. _____
Email barbw@cascadevalley.org

PETITIONER SEIU Healthcare 1199NW
Contact Teresa Tobin
Address 15 South Grady Way, Ste 200
City, State, ZIP Renton, WA, 98057
Telephone 425-917-1199 Ext. _____
Email teresat@seiu1199NW.org

CURRENT BARGAINING REPRESENTATIVE
(If one exists) _____
Contact _____
Address _____
City, State, ZIP _____
Telephone _____ Ext. _____
Email _____

TYPE OF REQUEST Select One. The petitioner requests:

- RECOGNITION** to be certified as the representative of employees currently unrepresented.
- CHANGE OF REPRESENTATIVE** to be certified as the representative of employees currently represented by another organization.
- DECERTIFICATION** to no longer be represented by the current organization.
- INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

BARGAINING UNIT

Description of Bargaining Unit: Indicate inclusions / exclusions
See Attached

Department or Division Health Care
Number of Employees in Unit 195
Collective Bargaining Agreement
If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.
Contract Expiration Date: _____

OTHER RELEVANT FACTS

Additional information relating to the proposed bargaining unit is attached.

SHOWING OF INTEREST

The petition must be filed with a showing of interest indicating support of at least 30% of the employees in the bargaining unit.
The showing of interest cards are confidential and are ONLY filed with PERC.

AUTHORIZED SIGNATURE FOR PETITIONER

Print Name Teresa Tobin Telephone 206-465-7465 Ext. _____
Title Assistant Organizing Director Email teresat@seiu1199nw.org
Address 115 South Grady Way
City, State, ZIP Renton, WA, 98057 Signature Date 12-18-13

Included: All full time and regular part-time and per diem: Anesthesia Tech, Coding Coordinator, Coding Specialist / Coder, Cook, Dietary Worker / Cashier, Dietician, Distribution Tech, ED Tech / ER Tech, Facility Tech, Host/ Hostess, Health Unit Coordinator (HUC), Kitchen Assistant, Lab Assistant / Phlebotomist, Laundry Distribution Tech, Maintenance Engineer II, Medical Lab Tech (MLT) / Lab Tech, Medical Records Specialist / Medical Records Tech, Medical Technologist, Nuclear Med Tech, Patient Care Partner (PCP) / Certified Nursing Assistant (CNA) / CNA II, Pharmacy Tech, Patient Service Representative (PSR)/ Admitting Representative, Purchaser, Radiology Tech I, Radiology Tech II (X-Ray, CT, Mammography Technologist) Receptionist, Respiratory Therapist, Surgical Services Assistant I (SSAI), Surgical Assistant II (SSAII), Sterile Processing Tech, Stores Clerk / Warehouse Clerk, Surgical Technologist, Ultrasound Tech employed at Cascade Valley Hospital

Excluded: Supervisors, confidential employees, temporary employees, financial & IT employees, clinic employees and those employees in existing bargaining units.