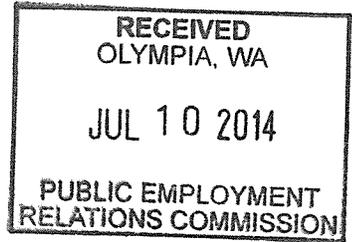




PUBLIC EMPLOYMENT RELATIONS COMMISSION
112 Henry Street NE, Suite 300, Olympia WA 98506
PO Box 40919, Olympia WA 98504-0919
Phone: 360.570.7300 Email: filing@perc.wa.gov
Web: www.perc.wa.gov



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 San Juan County Public Hospital Dist #1
Contact J. Michael Edwards, Chairperson
Address PO Box 370
City, State, ZIP Friday Harbor, WA 98250
Telephone Ext.
Email

PETITIONER IAFF Local 3219
Contact Ricky J. Walsh
Address PO Box 5604
City, State, ZIP West Richland, WA 99353
Telephone 509-999-3090 Ext.
Email rwalsh@iaff.org

CURRENT BARGAINING REPRESENTATIVE
(If one exists) N/A
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
All full time and regular part time paramedics and full time EMT's of San Juan County Public Hospital District #1 as defined by R.C.W. 41.26.030 (4)(H) and R.C.W. 18.71.200 (1-3), excluding the supervisor/Chief and all other employees.

Department or Division EMS

Number of Employees in Unit Four (4)

Collective Bargaining Agreement
If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.

Contract Expiration Date: N/A

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 Ricky J. Walsh Telephone 509-999-3090 Ext.
Title IAFF 7th District VP Email rwalsh@iaff.org
Address PO Box 5604
City, State, ZIP West Richland, WA 99353 Signature Date 07/07/14