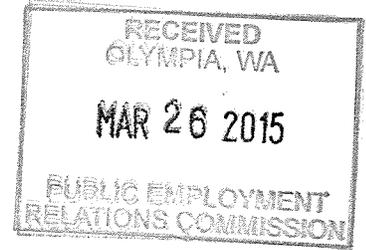




PUBLIC EMPLOYMENT RELATIONS COMMISSION

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 State of Washington
Contact Glen Christopherson, Dir OFM/LRO
Address P.O. Box 43113
City, State, ZIP Olympia, WA 98504-3113
Telephone 360-407-4104 Ext. _____
Email glen.crhistopherson@ofm.wa.gov

PETITIONER Union of Washington State Psychologists
Contact Trevor Travers
Address P.O. Box 144
City, State, ZIP Medical Lake, WA 99022
Telephone 509-299-4973 Ext. _____
Email groghthedog@centurylink.net

CURRENT BARGAINING REPRESENTATIVE

(If one exists) WFSE
Contact Greg Devereux
Address 1212 Jefferson St. #300
City, State, ZIP Olympia, WA 98501
Telephone 360-352-7603 Ext. _____
Email greg@wfse.org

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
The proposed Bargaining unit is comprised of Psychologist 4s employed at Western State Hospital, Eastern State Hospital, The Child Study and Treatment Center, and The Special Commitment Center.

Department or Division DSHS

Number of Employees in Unit 79

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

Contract Expiration Date: 6/30/15

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 Trevor Travers Telephone 509-299-4973 Ext. _____
Title Psychologist Email groghthedog@centurylink.net
Address P.O. Box 144
City, State, ZIP Medical Lake, WA 99022 Signature Trevor Travers Date 3/23/15