



**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** Univeristy of Washington  
Contact Peter Denis  
Address 4300 Roosevelt Way N.E.  
City, State, ZIP Seattle, WA 98102  
Telephone 206-616-3564 Ext. \_\_\_\_\_  
Email denisjp@uw.edu

**PETITIONER** SEIU Locla 925  
Contact Don Driscoll  
Address 1914 N 34th St  
City, State, ZIP Seattle, WA, 98103  
Telephone 206-707-6999 Ext. \_\_\_\_\_  
Email ddriscoll@seiu775.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

Cytotechnologists at Harborview Medical Center,

**Department or Division** Pathology, HMC

**Number of Employees in Unit** 2

**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 /2015

**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** Don Driscoll Telephone 206-707-6999 Ext. \_\_\_\_\_  
**Title** Field Director Email ddriscoll@seiu925.org  
**Address** 1914 N 34th St

SEIU Local 925 requests recognition of the Cytotechnologist at Harborview Medical Center at the University of Washington. We ask that they be accreted to our already existing technical bargaining unit at HMC.