



PUBLIC EMPLOYMENT RELATIONS COMMISSION

112 Henry Street NE, Suite 300, Olympia WA 98506

PO Box 40919, Olympia WA 98504-0919

Phone: 360.570.7300 | Fax: 360.570.7334

Email: filing@perc.wa.gov | Web: www.perc.wa.gov

REPRESENTATION PETITION

Amended Petition in Case # 27088-E-15-3920

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC

PARTIES Include information for all parties involved.

EMPLOYER Mason Transit Authority
Contact Danette Brannin
Address 790 E Johns Prairie Rd
City, State, ZIP Shelton, WA 98584
Telephone 360-426-9434 Ext. 150
Email dbrannin@masontransit.org

PETITIONER Jeri Wood
Contact _____
Address 151 E Snowy Owl Dr.
City, State, ZIP Shelton, WA 98584
Telephone 360-427-7010 Ext. _____
Email wingwood@hctc.com

CURRENT BARGAINING REPRESENTATIVE
(If one exists) IAM and AW DISTRICT 160
Contact Bobby Joe Murray
Address 2121 70th Ave W, Ste A
City, State, ZIP University Place, WA 98466
Telephone 253-472-9692 Ext. _____
Email bobbyjoe@iam160.com

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 employees in the Mason Transit Authority Finance/IT Department in the Accounting Specialist and IT Support Technician job classes, excluding supervisors, confidential employees, and all other employees.

Department or Division Finance/IT Department

Number of Employees in Unit Three (3)

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

Contract Expiration Date: none

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 Jeri Wood Telephone 360.427.7010 Ext. _____
Title _____ Email wingwood@hctc.com
Address 151 E Snowy Owl Dr
City, State, ZIP Shelton, WA 98584 Signature Jeri Wood Date 10/27/16

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON

Jeri A Wood

Petitioner/Complainant/Filing Party

v.

Mason Transit Authority and
IAM and AW District 160

Respondent/Responding Party

Case Number 27088-E-15-3920

CERTIFICATE OF SERVICE

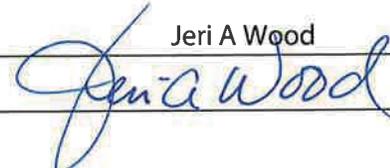
I certify that I served a copy of this (title of document) Representation Petition - Decertification
on all parties or their counsel of record on 10/27/16

To:	Name	Danette Brannin	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization	Mason Transit Authority	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address	790 E Johns Prairie Rd	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP	Shelton, WA 98584		
	Email	dbrannin@masontransit.org		
	Fax	360.426.0899		
	Name	Bobby Joe Murray	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization	AIM and AW District 160	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address	2121 70th Ave W, Ste A	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP	University Place, WA 98466		
	Email	bobbyjoe@iam160.com		
	Fax	253.472.9694		
	Name		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP			
	Email			
	Fax			

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted 10/27/16

Print Name Jeri A Wood

Signature 

From: [Jeri Wood](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Case Number 27088-E-15-3920 Decertification
Date: Thursday, October 27, 2016 12:33:43 PM
Attachments: 0149_001.pdf

Attached is the signed Certificate of Service.

Jeri Wood

From: [Jeri Wood](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Jeri Wood](#)
Subject: Emailing - 0147_001.pdf
Date: Thursday, October 27, 2016 12:26:10 PM
Attachments: 0147_001.pdf

Attached please find a Representation Petition – Decertification for Case 27088-E-15-3920.

Jeri Wood
360.427.7010 cell 360.359.1711
wingwood@hctc.com