



**STATE HEADQUARTERS OFFICE**

1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501-2332  
(360) 352-7603 • 1-800-562-6002 • FAX: (360) 352-7608 • www.wfse.org

November 29, 2016

Michael Sellars, Executive Director  
Public Employment Relations Commission  
PO Box, WA 98504-0919

Dear Mr. Sellars:

This position is filed under WAC 391-25-440, the Self Determination rule.

We are hereby filing a request to be certified as the exclusive bargaining representative for certain civil service employees at the Department of Social and Health Services.

We are filing to add the classification of Office Support Supervisors -2's in the Economic Service Administration, Community Service Division Contact Center, Housing Imaging Unit (ESD-CSD-Contact Center-HIU Team) to the Economic and Social Services Supervisors Bargaining unit last described in PERC Decision 8513.

Our records show that we have signed authorization cards from a majority of employees in this unit and ask that a cross check of employment records is conducted.

Thank you for your attention to the request.

Sincerely,

Herb Harris  
PERC Speicalist

**OLYMPIA FIELD OFFICE**  
906 Columbia St. SW, Suite 500  
Olympia, WA 98501  
(360) 786-1303  
1-800-624-0256  
Fax: (360) 786-1338

**SEATTLE FIELD OFFICE**  
6363 7th Ave. S., Suite 220  
Seattle WA, 98108-3407  
(206) 525-5363  
1-800-924-5754  
Fax: (206) 525-5366

**SMOKEY POINT FIELD OFFICE**  
16710 Smokey Point Blvd., Suite 308  
Arlington, WA 98223-8435  
(360) 659-4333  
1-800-967-3816  
Fax: (360) 657-3336

**SPOKANE FIELD OFFICE**  
222 W. Mission Ave., Suite 201  
Spokane, WA 99201-2301  
(509) 326-4422  
1-800-442-8618  
Fax: (509) 326-4424

**TACOMA FIELD OFFICE**  
6003 Tacoma Mall Blvd.  
Tacoma, WA 98409-6826  
(253) 581-4402  
1-800-924-5753  
Fax: (253) 581-4404

**VANCOUVER FIELD OFFICE**  
11818 SE Mill Plain Blvd., Suite 202  
Vancouver, WA 98684-5090  
(360) 735-1115  
1-800-967-9356  
Fax: (360) 735-1121

**YAKIMA FIELD OFFICE**  
3804 Kern Road, Suite B  
Yakima, WA 98902-7801  
(509) 452-9855  
1-800-439-9855  
Fax: (509) 457-1939





**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 # \_\_\_\_\_

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

**PARTIES** Include information for all parties involved.

**EMPLOYER** Dept. of Social and Health Services  
Contact Vincent Ventresco  
Address PO Box 54854  
City, State, ZIP Olympia, WA 98504-5854  
Telephone 509-368-4757 Ext. \_\_\_\_\_  
Email ventra@dshs.wa.gov

**PETITIONER** Wash. Federation of State Employees  
Contact Herb Harris  
Address 1212 Jefferson St. SE Ste. 300  
City, State, ZIP Olympia, WA 98501-2332  
Telephone 360-352-7603 Ext. \_\_\_\_\_  
Email herbh@wfse.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. This is filed under the self determination rule. Adding the Office Support Supervisors -2's in the ESA CSD Contact Ctr HIU Team to the Economic and Social Services Supervisors bargaining unit. Last described in PERC Decision 8513.

**Department or Division** ESA  
**Number of Employees in Unit** 727 adding 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:** On File 007-06/2017

**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** Herb Harris Telephone Same as above Ext. \_\_\_\_\_  
**Title** PERC Specialist Email Same as above  
**Address** Same as above  
**City, State, ZIP** Same as above Signature [Handwritten Signature] Date 12/29/16

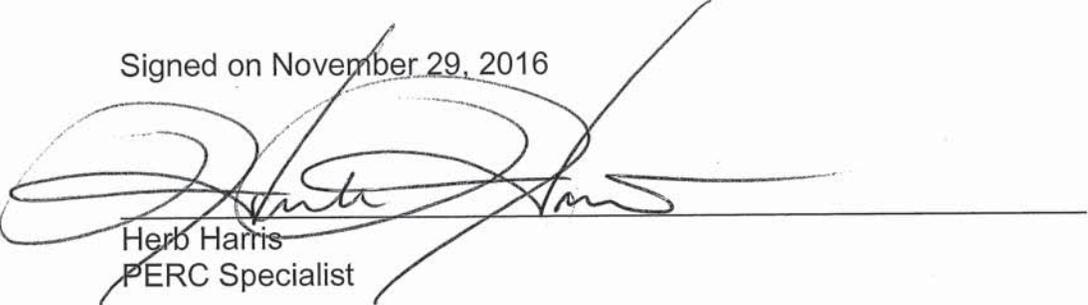
## Certificate of Service

Department of Social and Health Services  
Self Determination Petition

As per PERC Commission requirements and WAC 391-08-120(4), I, Herb Harris do certify that the following facts regarding servicing of the representation petition is true.

On November 29, 2016 I sent via email, a copy of the petition to Anthony Ventresco, DSHS and Franklin Plaistowe, OFM/HR. To the best of my knowledge and belief these are the representatives of the other parties that would need to be notified to fulfill our obligation under WAC 391-08-120(4).

Signed on November 29, 2016



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Herb Harris  
PERC Specialist

**From:** [Herb Harris](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Subject:** Filing for unrepresented at DSHS  
**Date:** Tuesday, November 29, 2016 12:45:50 PM  
**Attachments:** Showing of Interest.pdf  
Petition.pdf

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Dear PERC,  
Attached please find a petition, cover letter, certification of service and showing of interest for a group of unrepresented at DSHS.

If you have any problems opening the attachments please let me know immediately.

Thank you

Herb

Herb Harris  
PERC Specialist  
WFSE/AFSCME 28  
1212 Jefferson St. SE Suite 300  
Olympia, WA 98501  
(360) 352-7603 - 1-800-562-6002  
Fax (360) 352-7608  
[herbh@wfse.org](mailto:herbh@wfse.org)