



REPRESENTATION PETITION

Is this an amended petition? Yes No If yes, provide the case number: _____

PARTIES Include information for all parties involved.

EMPLOYER GRANT COUNTY

Contact KIRK ESLINGER

Title Director of Organizational Services

Address 35 C Street, PO Box 37

City, State, ZIP Ephrata, WA, 98823

Phone 509-754-2011 Ext. 4902

Email keslinger@grantcountywa.gov

PETITIONER WSCCCE AFSCME Council 2

Contact Kelly Wright

Title Organizer

Address PO-Box-750

City, State, ZIP Everett WA, 98206-0750

Phone 425-299-3467 Ext. _____

Email kellyw@council2.com

CURRENT BARGAINING REPRESENTATIVE

(If One Exists) Attached separately - Did not fit

Contact MEL LOTZ

Title President

Address PO BOX 291

City, State, Zip EPHRATA, WA 98823

Phone (509) 707-3184 Ext. _____

Email mel_lotz@yahoo.com

TYPE OF REQUEST Select ONE of the following.

- NEW ORGANIZING** to be certified as the representative of employees currently unrepresented.
- ADD UNREPRESENTED EMPLOYEES** to an existing bargaining unit as described in WAC 391-25-080.
- CHANGE REPRESENTATIVE** of existing bargaining unit.
- REMOVE REPRESENTATIVE** of existing bargaining unit.

BARGAINING UNIT

For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out **both** sections 1 and 2. For a petition to change or remove the representative, fill out section 1.

SECTION 1—Describe the Existing Bargaining Unit:

Attached separately - Did not fit

Number of Employees in Existing Unit 63

SECTION 2—Describe the Proposed Bargaining Unit:

Number of Employees in Proposed Unit _____

If a CBA exists, what is the expiration date? 12/31/ 2023

SHOWING OF INTEREST

A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. See instructions for more information.

PETITIONER REPRESENTATIVE

Name Kelly Wright

Address PO-Box-750

Phone 425-299-3467 Ext. _____

Signature *Kelly Wright*

Title Organizer

City, State, ZIP Everett WA, 98206-0750

Email C2everett@council2.com

Date 9-23-2024

Current Bargaining Representative:

GRANT COUNTY PUBLIC EMPLOYEES ASSOCIATION

Existing Bargaining Unit: All full-time and regular part-time public works employees of Grant County in Road, Traffic, Administration, Equipment Maintenance Division and Engineering Division, excluding supervisors, confidential employees, and all other employees.

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON

WSCCCE AFSCME Council 2

Petitioner/Complainant/Filing Party

v.

GRANT COUNTY
GRANT COUNTY PUBLIC EMPLOYEES
ASSOCIATION'

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

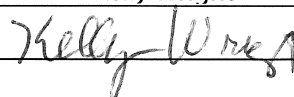
I certify that I served a copy of this *(title of document)* REPRESENTATION PETITION
on all parties or their counsel of record on 9/23/2024

To:	Name	KIRK ESLINGER		
	Organization	GRANT COUNTY	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	35 C Street, PO Box 37	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Ephrata, WA, 98823	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	keslinger@grantcountywa.gov		
	Fax			
	Name	MEL LOTZ		
	Organization	GRANT COUNTY PUBLIC EMPLOYE	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	PO BOX 291	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	EPHRATA, WA 98823	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	mel_lotz@yahoo.com		
	Fax			
	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	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 9/23/2024

Print Name Kelly Wright

Signature 

From: [Kelly Wright](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Change in REPRESENTATION PETITION
Date: Monday, September 23, 2024 11:07:04 AM
Attachments: image001.png
Change in Representation Petition Grant Co.pdf
Showing of interest Grant Co Public Works-compressed.pdf

External Email

Please find the attached documents for filing:

1. Change in REPRESENTATION PETITION for the Grant County Public Works + Certificate of Service
2. Showing of interest cards

If you have any questions, please contact me.

Thank you,

Kelly Wright

Organizer

**Washington State Council of
County and City Employees**

AFSCME AFL-CIO

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Everett WA 98201

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