



# REPRESENTATION PETITION

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

## PARTIES Include information for all parties involved.

**EMPLOYER** City of Pasco

**Contact** Sara Matzen

**Title** Human Resources Director

**Address** 525 N. 3rd Avenue

**City, State, ZIP** Pasco, WA 99301

**Phone** (509)545-3473 **Ext.** \_\_\_\_\_

**Email** matzens@pasco-wa.gov

**PETITIONER** International Union of Operating Engin

**Contact** Josh Carter

**Title** Business Representative

**Address** 1305 Knight Street

**City, State, ZIP** Richland, WA 99352

**Phone** (509)946-5101 **Ext.** \_\_\_\_\_

**Email** josh@iuoe280.com

## CURRENT BARGAINING REPRESENTATIVE

**(If One Exists)** International Union of Operating Engin

**Contact** Josh Carter

**Title** Business Representative

**Address** 1305 Knight Street

**City, State, Zip** Richland, WA 99352

**Phone** (509)946-5101 **Ext.** \_\_\_\_\_

**Email** josh@iuoe280.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:

Amalgamated unit of various positions.

**Number of Employees in Existing Unit** 77

### SECTION 2—Describe the Proposed Bargaining Unit:

Animal control and shelter.

**Number of Employees in Proposed Unit** 16

**If a CBA exists, what is the expiration date?** 12/31/2025

## 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** Josh Carter

**Address** 1305 Knight Street

**Phone** (509)946-5101 **Ext.** \_\_\_\_\_

**Signature** 

**Title** Business Representative

**City, State, ZIP** Richland, WA 99352

**Email** josh@iuoe280.com

**Date** 11/20/2024

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION  
STATE OF WASHINGTON

IUOE Local #280  
Petitioner/Complainant/Filing Party

v.

City of Pasco  
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 (date) 11/20/2024

|     |  |  |  |
|-----|--|--|--|
| To: | Name <u>City of Pasco</u>                    |  |  |
|     | Organization <u>Human Resources Director</u> | <input checked="" type="checkbox"/> E-mail | <input type="checkbox"/> First Class U.S. Mail |
|     | Address <u>525. N. 3rd Avenue</u>            |  |  |
|     | City, State, ZIP <u>PASCO, WA 99301</u>      | <input type="checkbox"/> Fax               | <input type="checkbox"/> Certified U.S. Mail   |
|     | Email <u>matzens@pasco-wa.gov</u>            | <input type="checkbox"/> Hand Delivery     | <input type="checkbox"/> Registered U.S. Mail  |
|     | Fax  |  |  |
| To: | Name   |  |  |
|     | Organization                                 | <input type="checkbox"/> E-mail            | <input type="checkbox"/> First Class U.S. Mail |
|     | Address                                      |  |  |
|     | City, State, ZIP                             | <input type="checkbox"/> Fax               | <input type="checkbox"/> Certified U.S. Mail   |
|     | Email  | <input type="checkbox"/> Hand Delivery     | <input type="checkbox"/> Registered U.S. Mail  |
|     | Fax  |  |  |
| To: | Name   |  |  |
|     | Organization                                 | <input type="checkbox"/> E-mail            | <input type="checkbox"/> First Class U.S. Mail |
|     | Address                                      |  |  |
|     | City, State, ZIP                             | <input type="checkbox"/> Fax               | <input type="checkbox"/> Certified U.S. Mail   |
|     | Email  | <input type="checkbox"/> Hand Delivery     | <input type="checkbox"/> Registered U.S. Mail  |
|     | 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 11/20/2024

Print Name Josh Carter

Signature [Handwritten Signature]



**From:** [Josh Carter](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Cc:** [Dean Bushey](#); [Tom Leahy](#)  
**Subject:** Representation Petition  
**Date:** Wednesday, November 20, 2024 1:25:09 PM  
**Attachments:** PERC animal control.pdf  
Authorization cards Pasco 1.pdf  
Authorization cards Pasco 2.pdf  
Authorization cards Pasco 3.pdf  
Authorization cards Pasco 4.pdf

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External Email

Good Afternoon,

Attached is a completed Representation Petition as well as completed Authorization cards for the Animal control and shelter at the City of Pasco.

Josh Carter  
Business Representative  
IUOE Local 280  
(509)946-5101  
[josh@iuoe280.com](mailto:josh@iuoe280.com)

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*This email may contain privileged or confidential information disclosed only to the addressee. If you have received this email in error, do not copy or distribute it to other persons not authorized to receive it. Please call the sender at 509.946.5101 to make arrangements for the document to be retrieved or destroyed. Any use, copying, retention or disclosure by any person other than the intended recipient's designee is strictly prohibited.*