



**STATE HEADQUARTERS OFFICE**  
1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501-2332  
800-562-6002 • [www.wfse.org](http://www.wfse.org)

November 22, 2024

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

Dear Mr. Sellars:

We are hereby filing a request to be certified as the exclusive bargaining representative for certain Washington Management Service employees at the Department of Social and Health Services in the Developmental Disability Administration.

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,

A handwritten signature in blue ink, appearing to read "Herb Harris", written over a large, stylized blue scribble.

Herb Harris  
Manager of PERC Activities

**OLYMPIA FIELD OFFICE**  
906 Columbia St. SW, Suite 500  
Olympia, WA 98501

**SEATTLE FIELD OFFICE**  
6363 7th Ave. S., Suite 220  
Seattle WA, 98108-3407

**SPOKANE FIELD OFFICE**  
222 W. Mission Ave., Suite 201  
Spokane, WA 99201-2301

**TACOMA FIELD OFFICE**  
6003 Tacoma Mall Blvd.  
Tacoma, WA 98409-6826

**MEMBER CONNECTION CENTER: 833-MCC-WFSE (833-622-9373)**



# REPRESENTATION PETITION

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

## PARTIES Include information for all parties involved.

**EMPLOYER** Dept. of Social and Health Services

**Contact** Peggy Pulse

**Title** Labor Relations Administrator

**Address** 1115 Washington St. SE

**City, State, ZIP** Olympia, WA 98504

**Phone** 360-352-7603 **Ext.** \_\_\_\_\_

**Email** margaret.pulse@dshs.wa.gov

**PETITIONER** Wash. Federation of State Employees

**Contact** Herb Harris

**Title** Manager of PERC Activities

**Address** 1212 Jefferson St, SE Ste. 300

**City, State, ZIP** Olympia, WA 98501

**Phone** 360-352-7603 **Ext.** \_\_\_\_\_

**Email** herbh@wfse.org

## CURRENT BARGAINING REPRESENTATIVE

(If One Exists) \_\_\_\_\_

**Contact** \_\_\_\_\_

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Email** \_\_\_\_\_

## 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:

**Number of Employees in Existing Unit** \_\_\_\_\_

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

"See additional information"

**Number of Employees in Proposed Unit** 80

If a CBA exists, what is the expiration date? \_\_\_\_\_

## SHOWING OF INTEREST

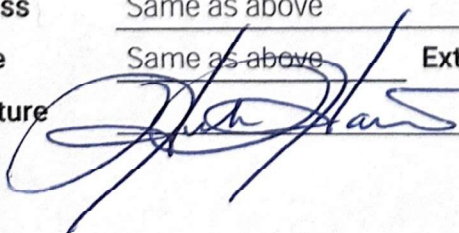
A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

## PETITIONER REPRESENTATIVE

**Name** Herb Harris

**Address** Same as above

**Phone** Same as above **Ext.** \_\_\_\_\_

**Signature** 

**Title** Manager of PERC Activities

**City, State, ZIP** Same as above

**Email** Same as above

**Date** 11/22/2024

## Additional Information

### Proposed bargaining unit description –

“All non-supervisory Band 1 and Band 2 Washington Management Service employees working for the Washington State Department of Social and Health Services in the Developmental Disabilities Administration. The bargaining unit excludes supervisory Band 1 and Band 2 Washington Management Service employees, Washington Management Service employees as defined by RCW 41.80.430(1)(b), confidential employees, and all other employees.”

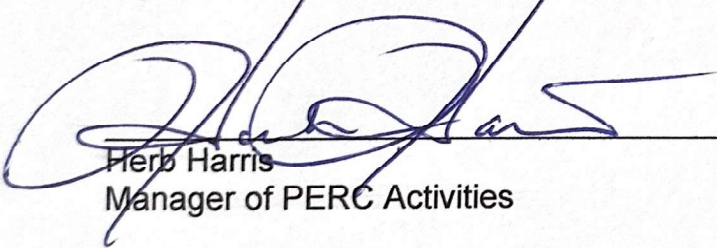
## **Certificate of Service**

### **Department of Social and Health Services Representation 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 22, 2024, I sent via email a copy of the petition to Peggy Pulse, DSHS/LR and Office of Labor Relations/OFM. 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 22, 2024



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Herb Harris  
Manager of PERC Activities

**From:** [Herb Harris](#)  
**To:** [PERC, Filing \(PERC\)](#); [Pulse, Peggy \(DSHS/OOS/HRD\)](#); [OFM mi Labor Relations](#)  
**Cc:** [Tim Tharp](#); [Benjamin Peterson](#); [Kayla Rider](#); [Kurt Spiegel](#); [Tawny Brown](#); [Amy Spiegel](#)  
**Subject:** New Filing  
**Date:** Friday, November 22, 2024 3:16:02 PM  
**Attachments:** Petition.pdf

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External Email

Dear PERC,

Please find attached a new representation petition to represent certain WMS employees at DSHS.

If you have any issues with opening the document, please let me know.

Thanks

Herb

Herb Harris  
WFSE – Manager of PERC Activities  
1212 Jefferson St. SE Ste. 300  
Olympia, WA 98501  
Cell 360-402-4570  
Office 360-352-7603  
[herbh@wfse.org](mailto:herbh@wfse.org)