



**STATE HEADQUARTERS OFFICE**

1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501-2332  
800-562-6002 • www.wfse.org

January 10, 2025

Public Employment Relations Commission  
112 Henry St. NE, Ste. 300  
Olympia, WA 98504

Dear Director Sellars:

The WFSE is filing this representation petition to add four (4) new custodial positions at the Health Care Authority to our existing unit.

Our records show that we have a majority of signed interest cards and ask that a card check be carried out.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Herb Harris".

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** Health Care Authority

**Contact** Michaels Otter Johnson

**Title** HR & Labor Relations Manager

**Address** 626 8th Ave SE

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

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

**Email** michael.otter-johnson@hca.wa.gov

**PETITIONER** Wash. Federation of State Employees

**Contact** Herb Harris

**Title** Manager of PERC Activities

**Address** 1212 Jefferson St. SE

**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:

See decision 12336

**Number of Employees in Existing Unit** 550

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

See additional information

**Number of Employees in Proposed Unit** 550 adding 4

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

### SHOWING OF INTEREST

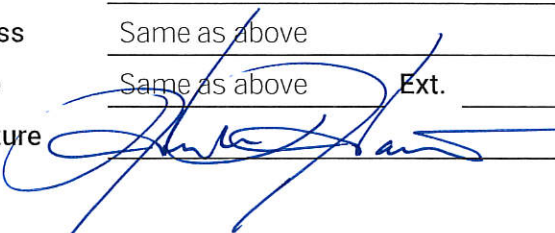
A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

### 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** 1/10/2025

## Additional Information

### Proposed Bargaining Unit Description

All non-supervisory, civil service employees covered by Chapter 41.06 RCW and Chapter 41.80 RCW who are employed by the Washington State Health Care Authority in the following job classes: Copy Center Leads A; Contracts Assistants; Contracts Specialists; Cost Reimbursement Analysts; Information Technology Specialists; Information Technology Technicians; Medical Assistance Specialists 1, 2, and 3; Physicians; Procurement & Supply Specialists; Review Judges; Secretaries; Office Assistants; **Custodians** excluding confidential employees, supervisors, internal auditors, Washington Management Services employees, employees in other bargaining units, and all other employees.

## **Certificate of Service**

Health Care Authority

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 January 10, 2025, I sent via email a copy of the petition to Michael Otter Johnson, Human Resources and Labor Relations Manager, HCA, and to OFM/LRD. To the best of my knowledge and belief these are the representatives of the other parties that should be notified to fulfill our obligations under WAC 391-08-120(4).

Signed on January 10, 2025

A handwritten signature in blue ink, appearing to read 'Herb Harris', with a long horizontal stroke extending to the right.

Herb Harris  
Manager of PERC Activities

**From:** [Herb Harris](#)  
**To:** [PERC, Filing \(PERC\)](#); [OFM mi Labor Relations](#); [Otter-Johnson, Michael \(HCA\)](#)  
**Cc:** [Tim Tharp](#); [Kayla Rider](#); [Shannon Madden](#)  
**Subject:** New Rep petition at HCA  
**Date:** Friday, January 10, 2025 3:37:28 PM  
**Attachments:** Petition.pdf

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External Email

Hello Parties –

Please find a representation petition to add 4 new custodial positions at the Health Care Authority.

Thank you,

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)