



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER WSU Cougar Health Services

Contact Kendra Hsleh

Title Director of Labor Relations

Address PO box 641014

City, State, ZIP Pullman, WA, 99164-1014

Phone 509-335-4521 **Ext.** _____

Email kfonten@wsu.edu

PETITIONER Union of American Physicians and Dentists

Contact Joe Crane

Title Organizing Coordinator

Address 2505 South 320th Street, Suite 240

City, State, ZIP Federal Way, WA, 98003

Phone 360-281-6846 **Ext.** _____

Email jcrane@uapd.com

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:

All MD's, DO's, ARNPs, PA's, APPs, ODs and Nutritionists. Excluding all other employees

Number of Employees in Proposed Unit 11

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 David A. Rosenfeld

Address 1375 55th Street

Phone (510) 337-1001 **Ext.** _____

Signature *David A. Rosenfeld*

Title Attorney

City, State, ZIP Emeryville, CA 94608

Email drosenfeld@unioncounsel.net; court@perc.wa.gov

Date January 15, 2025

Instructions for Filing a Representation Petition

Do not file this page with PERC.

Who Can File a Petition?

The petitioner is the party who files the petition and may be an individual employee or a union. For more detailed information please refer to our website at perc.wa.gov/elections. For applicable rules, visit perc.wa.gov/laws-rules and refer to chapters 10-08, 391-08, and 391-25 WAC.

Filing Time Frame

A petition may be filed at any time if you (1) intend to organize a new bargaining unit or (2) your contract has expired and a new contract has not yet been signed.

A petition to change or remove the representative can only be filed during a 30-day window period, which is determined by the expiration date of the current contract:

- For employees covered by chapter 41.80 RCW, the window period begins 120 days and ends 90 days before the contract expires.
 - For employees covered by all other statutes, the window period begins 90 days and ends 60 days before the contract expires.
 - If PERC has issued a certification, no petition involving the same employees may be filed for 12 months from the date of the certification.
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Showing of Interest

A showing of interest is individual papers/cards from at least 30 percent of the employees in the bargaining unit. Each card must be signed and dated and clearly state the desired outcome. Example language for the card is as follows:

I want to be represented by [name of union] for the purpose of collective bargaining. OR

I no longer want to be represented by [name of union] for the purpose of collective bargaining.

A sheet of paper with multiple signatures will not be accepted. The showing of interest cards are confidential and should be filed ONLY with PERC. Showing of interest cards may be submitted electronically, provided the copy is legible. Do not provide copies of the cards to other parties.

Filing and Service

Documents may be submitted to PERC by email attachment, by fax, by mail, or in person. Email filing is preferred and no paper copies are required.

- Email to filing@perc.wa.gov
- Fax to 360.570.7334
- Mail to PO Box 40919, Olympia WA 98504-0919
- Hand Deliver to 112 Henry St NE, Olympia, WA 98506

Service is required on all parties to the case and is considered complete when the document is received by email, fax, or hand delivery or when the document is put into the mail. A certificate of service is required to show when, how, and on whom the document was served. A certificate of service form can be found at perc.wa.gov/file-a-case.

**BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON**

Union of American Physicians and Dentists

Petitioner/Complainant/Filing Party

v.

WSU Cougar Health Services

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*) January 15, 2025

To:	Name Kendra Hsleh, Director of Labor Relations Organization WSU Cougar Health Services Address P.O. Box 641014 City, State, ZIP Pullman, WA 99164-1014 Email kfonten@wsu.edu Fax	<input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery	<input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Registered U.S. Mail
To:	Name Organization Address City, State, ZIP Email Fax	<input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery	<input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Registered U.S. Mail
To:	Name Organization Address City, State, ZIP Email Fax	<input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery	<input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Registered U.S. Mail

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 January 15, 2025

Print Name Denise Taylor

Signature *Denise Taylor*



From: [Denise M. Taylor](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [David Rosenfeld](#)
Subject: WSU Cougar Health Services - FROM DAVID A. ROSENFELD
Date: Wednesday, January 15, 2025 2:20:16 PM
Attachments: Representation-Petition-E-1.PDF
Certificate of Service.PDF
Dec-SOI - WSU Cougar.PDF

External Email

Dear Sir or Madam:

Attached please find the following documents for filing regarding the above-referenced matter:

Representation Petition
Certificate of Service
Declaration & Showing of Interest

If you have any questions, please do not hesitate to call. Thank you for your assistance in this matter.

Denise Taylor, opciu 29 afl-cio(1)
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Weinberg, Roger & Rosenfeld
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