

## REPRESENTATION PETITION

#### Case 142182-E-25

**PARTIES** 

**Employer:** Department of Corrections **Petitioner:** Union

Filing Party: Washington Federation of State Employees Petition Type: Add Unrepresented

**Employees** 

Incumbent Union:

### **EXISTING BARGAINING UNIT**

If a collective bargaining agreement (CBA) exists, most recent end date: 06/30/2025

Existing Bargaining Unit: DOC Community Corrections Supervisory Unit

see PERC Decision 12880

Number of Employees: 400

## **PROPOSED BARGAINING UNIT**

Proposed Bargaining Unit: Same Number of Employees: 3

### **PARTY REPRESENTATIVES**

Name, Title, and Organization Contact Information Representing

Herb Harris 1212 Jefferson St. SE Ste. 100 WFSE

Manager of DEDC Activities Olympic Machineton

Manager of PERC Activities Olympia, Washington

WFSE 360-352-7603 herbh@wfse.org

nerbn@wtse.or

Nancy Waldo PO Box 41100 DOC

Human Resource Manager Olympia, Washington nancy.waldo@doc.wa.gov

## **SUBMISSION & SERVICE**

Special requests related to case processing or reasonable accommodation:

**Submitter Name:** Herb Harris **Submitter Email:** herbh@wfse.org

**Submitter Title:** Manager of PERC Activities **Date Submitted:** 03/18/2025 at 11:38 AM

**System Service:\*** Yes \*If yes, the submitter elected to use the system to serve the other parties.



#### STATE HEADQUARTERS OFFICE

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

March 18, 2025

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

Dear Mr. Sellars:

This position is filed under WAC 391-25-080, the Self Determination rule.

We are hereby filing a request to be certified as the exclusive bargaining representative for certain civil service employees at the Department of Corrections.

We are filing to add 3 Pharmacist Supervisor working at the Maple Lane Pharmacy to the Community Corrections supervisory bargaining unit.

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

Herb Harris

Manager of PERC Activities



# REPRESENTATION PETITION

Is this an amended petition?   Yes   No If yes, provide the case number:		
PARTIES I	nclude information for all parties involved.	TYPE OF REQUEST Select ONE of the following.
EMPLOYER	Dept. of Corrections	☐ NEW ORGANIZING to be certified as the representative
Contact	Nancy Waldo	of employees currently unrepresented.
Title	Human Resource Manager	✓ ADD UNREPRESENTED EMPLOYEES to an existing bargaining unit as described in WAC 391-25-080.
Address	PO Box 41100	☐ CHANGE REPRESENTATIVE of existing bargaining unit.
City, State, ZIF	Olympia, WA 98504	☐ REMOVE REPRESENTATIVE of existing bargaining unit.
Phone	888-727-9925 <b>Ext.</b>	BARGAINING UNIT
Email	nancy.waldo@doc.wa.gov	
PETITIONER Contact	Wash. Federation of State Employees Herb Harris	For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out <b>both</b> sections 1 and 2. For a petition to change or remove the representative, fill out section 1.
Title	Manager of PERC Activities	SECTION 1—Describe the Existing Bargaining Unit:
Address	1212 Jefferson St, SE Ste. 300	See PERC decision 12880
City, State, ZI	P Olympia, WA 98501	
Phone	360-352-7603 <b>Ext.</b>	Number of Employees in Existing Unit 400
Email	herbh@wfse.org	
CURRENT BAR	GAINING REPRESENTATIVE	SECTION 2—Describe the Proposed Bargaining Unit:  No change to the unit description adding Pharmacist Supervisors at Maple Lane to Sups Unit
Contact		Number of Employees in Proposed Unit 3
Title		If a CBA exists, what is the expiration date? 6/25
Address		
City, State, Zij	P	SHOWING OF INTEREST
Phone	Ext	A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed
Email		with the petition. See instructions for more information.
PETITIONER REPRESENTATIVE		
Name	Herb Harris	Title Manager of PERC Activities
Address	Same as above	City, State, ZIP Same as above
Phone	Same as above / Ext.	Email Same as above
Signature	She Har	Date 3/18/2025
		Form E-1 (03/2023)

## Attestment to the Authenticity of the Showing of Interest

## Department of Corrections

I, Herb Harris, Manager of PERC Activities for the Washington Federation of State Employees, attest that the showing of interest cards submitted with this petition are authentic and were signed by the employees whose name appears on the signed cards.

Date-

Signature

## **Certificate of Service**

Department of Corrections Self Determination 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 March 18, 2025, I sent via email a copy of the petition to Nancy Waldo, DOC/HR 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 March 18, 2025

Herb Harris

Manager of PERC Activities