



# REPRESENTATION PETITION

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

## PARTIES Include information for all parties involved.

**EMPLOYER** WA St. Dept. of Labor & Industries  
**Contact** Gina Comeau  
**Title** Labor relations section chief  
**Address** P.O. Box 47500  
**City, State, ZIP** Olympia, WA 98504-7500  
**Phone** (360) 810-0166 **Ext.** \_\_\_\_\_  
**Email** Gina.Comeau@ofm.wa.gov

**PETITIONER** WA INTERPRETERS  
**Contact** Juan Bloise  
**Title** President  
**Address** P.O. Box 345  
**City, State, ZIP** Auburn, WA 98071  
**Phone** (206) 385-3287 **Ext.** \_\_\_\_\_  
**Email** independentlniunion@wainterpreters

## CURRENT BARGAINING REPRESENTATIVE

(If One Exists) WA 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

## 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:

Language access providers for the Dept. of Labor & Industries. See Washington State Language Access Providers, Decision 13344-D (PECB, 2023).

**Number of Employees in Existing Unit** 439

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

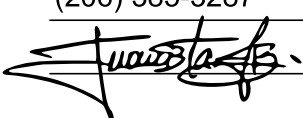
**Number of Employees in Proposed Unit** \_\_\_\_\_

**If a CBA exists, what is the expiration date?** 6/30/2025

## 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** Juan Bloise  
**Address** P.O. Box 345  
**Phone** (206) 385-3287 **Ext.** \_\_\_\_\_  
**Signature** 

**Title** President, WA INTERPRETERS  
**City, State, ZIP** Auburn, WA 98071  
**Email** independentlniunion@wainterpreters  
**Date** 5/1/2025

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

WA INTERPRETERS

Petitioner/Complainant/Filing Party

v.

WA Dept. of Labor and Industries

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)* 5/1/2025

To:	Name	Gina Comeau		
	Organization	State of Washington	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	P.O. Box 47500	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Olympia, WA 98504	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	Gina.Comeau@ofm.wa.gov		
	Fax			
To:	Name	Herb Harris		
	Organization	Washington Federation of State Employees	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	1212 Jefferson St SE	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Olympia, WA 98501	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	herbh@wfsc.org		
	Fax			
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email			
	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 5/1/2025

Print Name Juan Bloise

Signature 





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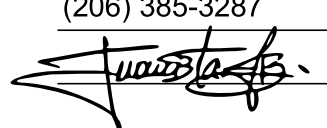
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**Name** Juan Bloise  
**Address** P.O. Box 345  
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**Signature** 

**Title** President, WA INTERPRETERS  
**City, State, ZIP** Auburn, WA 98071  
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**Date** 5/1/2025

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STATE OF WASHINGTON**

WA INTERPRETERS

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I certify that I served a copy of this *(title of document)* representation petition  
on all parties or their counsel of record on *(date)* 5/1/2025

To:	Name	Gina Comeau		
	Organization	State of Washington	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	P.O. Box 47500	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Olympia, WA 98504	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	Gina.Comeau@ofm.wa.gov		
	Fax			
To:	Name	Herb Harris		
	Organization	Washington Federation of State Employees	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	1212 Jefferson St SE	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Olympia, WA 98501	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	herbh@wfsc.org		
	Fax			
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
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	Fax			

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Date signed and submitted 5/1/2025

Print Name Juan Bloise

Signature 



**From:** [WA INTERPRETERS](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Subject:** Fwd: L&I LAP Representation Petition.  
**Date:** Thursday, May 1, 2025 5:00:10 PM  
**Attachments:** WA INTERPRETERS L&I representation petition.pdf  
WA INTERPRETERS L&I representation petition.pdf  
nse\_lap-lni.pdf

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External Email

----- Forwarded message -----

From: **WA INTERPRETERS** <[independentlniunion@wainterpreters.org](mailto:independentlniunion@wainterpreters.org)>  
Date: Thu, May 1, 2025 at 4:55 PM  
Subject: L&I LAP Representation Petition.  
To: PERC, Filing (PERC) <[filing@perc.wa.gov](mailto:filing@perc.wa.gov)>

Please see the attached documents.

Please click on this link for our showing of interest forms:

**Juan Bloise**

**WA INTERPRETERS**

<https://www.wainterpreterslni.org/>

[IndependentLNiunion@wainterpreters.org](mailto:IndependentLNiunion@wainterpreters.org)

**206-385-3287**

**[WeAreInterpreters#WAstrongAndIndependent#ElSolSaleParaTodos](#)**

