



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Skagit Regional Health
Contact Lisa Marie Gustafson
Title Senior Employee and Labor Relation
Address 1515 North 18th Street
City, State, ZIP Mt. Vernon, WA 98273
Phone 360-814-2133 **Ext.** _____
Email lgustafson@skagitregionalhealth.org

PETITIONER UFCW Local 3000
Contact Indira Trejo
Title Organizing Department Director
Address 23040 Pacific Hwy S Suite 101
City, State, ZIP Des Moines, WA 98198
Phone 951-347-1317 **Ext.** _____
Email itrejo@ufcw3000.org

CURRENT BARGAINING REPRESENTATIVE

(If One Exists) UFCW Local 3000
Contact Cesar Quiles Borrero
Title Negotiator
Address 23040 Pacific Hwy S Suite 101
City, State, Zip Des Moines, WA 98198
Phone 360-409-0572 **Ext.** _____
Email CQuilesBorrero@ufcw3000.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:

Decision 12532

Number of Employees in Existing Unit 1690

SECTION 2—Describe the Proposed Bargaining Unit:

Add to Decision 12532
Hospice Aide, Spiritual Counselor and Quality Specialist
at Hospice of the Northwest

Number of Employees in Proposed Unit 22

If a CBA exists, what is the expiration date? 09/30/2025

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 Indira Trejo
Address 23040 Pacific Hwy, S Suite 101
Phone 951-347-1317 **Ext.** _____
Signature _____

Title Organizing Department Director
City, State, ZIP Des Moines, WA 98198
Email itrejo@ufcw3000.org
Date _____

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.
-

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**

UFCW 3000

Petitioner/Complainant/Filing Party

v.

Skagit Regional Health
(Skagit County Public Hospital)
Respondent/Responding Party

Case Number

Decision 12532

CERTIFICATE OF SERVICE

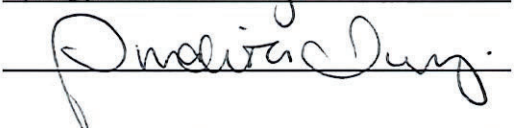
I certify that I served a copy of this (title of document) Representation Petition
on all parties or their counsel of record on (date) 7/15/2025

To:	Name <u>Skagit Regional Health</u>	Lisa Marie Gustafson	
	Organization	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address <u>1515 N. 18th St</u>	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP <u>Mt. Vernon, WA</u>	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email <u>LGustafson@skagitregional</u>		
	Fax <u>health.org</u>		
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		
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	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 7/15/2025

Print Name Indira Trejo

Signature 



Certificate of Service (2019)

From: [Indira Trejo](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Sean Embly](#); [Celia Ponce-Sanchez](#); [Cesar Quiles Borrero](#)
Subject: UFCW 3000 Representation Petition at Skagit Regional Health
Date: Tuesday, July 15, 2025 1:46:38 PM
Attachments: image001.png
Representation-Petition-E-1-7.15.25.SkagitRegionalHealth.pdf
SKAGITREGIONALHEALTH.07.15.25.CARDS.pdf
CERTIFICATE OF SERVICE_07.15.25.PERC_SKAGITREGIONALHEALTH.pdf
Skagit+Regional+Health+22-25.pdf

External Email

Good afternoon,

My name is Indira Trejo, Organizing Department Director at UFCW Local 3000. I have attached a representative petition to Skagit Valley Hospital requesting the addition of the following job classifications at Hospice of the Northwest: Hospice Aide (CNAs), Spiritual Counselors, and Quality Specialist.

I am attaching the following documents:

- Form E-1 Representation Petition
- Certificate of Service
- Showing of Interest
- Skagit Valley Hospital Contract

Please let me know if you have any questions or concerns.

Thank you,

Indira Trejo
She/Her/Hers
Organizing Department Director
M: (951)347.1317

[UFCW Join Application](#)



Our mission is to build a powerful Union that fights for economic, political and social justice in our workplaces and in our communities.

This electronic message transmission contains information which may be confidential or privileged. The information is intended to be for the use of the individual or entity named above. If you are not the intended recipient, please be aware that any disclosure, copying, distribution or use of the contents of this message is prohibited.

If you wish to speak with a representative about filing a grievance, you must do so by calling your representative or the Member Resource Center at the following telephone

number: 866-210-3000. To ensure grievances are timely filed and processed, Local 3000 does not confer with members about filing grievances through its e-mail system.



REPRESENTATION PETITION

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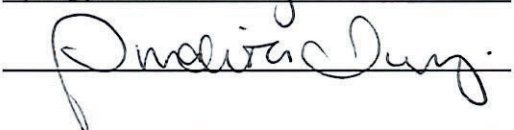
I certify that I served a copy of this (title of document) Representation Petition
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	Fax <u>health.org</u>		
To:	Name		
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	Address	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email		
	Fax		
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 7/15/2025

Print Name Indira Trejo

Signature 



Certificate of Service (2019)

From: [Indira Trejo](#)
To: [Gustafson, Lisa-Marie](#)
Cc: [PERC, Filing \(PERC\)](#); [Sean Embly](#); [Celia Ponce-Sanchez](#); [Marilyn Faber](#); [Cesar Quiles Borrero](#)
Subject: Representation Petition Request
Date: Tuesday, July 15, 2025 1:49:13 PM
Attachments: image001.png
Representation-Petition-E-1-7.15.25.SkagitRegionalHealth.pdf
CERTIFICATE OF SERVICE_07.15.25.PERC_SKAGITREGIONALHEALTH.pdf

External Email

Dear Lisa-Marie,

Please find the attached Representation petition to add unrepresented employees at the Hospice of the Northwest – Skagit Regional Health facility.

Please let me know if you have any questions.

In Solidarity,

Indira Trejo
She/Her/Hers
External Department Organizing Director
M: (951)347.1317

[UFCW Join Application](#)



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