



STATE HEADQUARTERS OFFICE

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

July 31, 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 supervisory civil service employees at the Department of Social and Health Services.

We are filing to add the Supervisory Social and Health Program Consultant 3' & 4's in the Home & Community Services (HCS) Division to the DSHS Economic and Social Services 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,

A handwritten signature in blue ink, appearing to read "Herb Harris", is written over a large, stylized blue circular graphic.

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



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Dept. of Social and Health Services
Contact Amy Heller
Title Labor Relations Administrator
Address 1115 Washington St. SE
City, State, ZIP Olympia, WA 98504
Phone 360-352-7603 **Ext.** _____
Email Amy.Heller@dshs.wa.gov

PETITIONER Wash. Federation of State Employees
Contact Herb Harris
Title Manager of PERC Activities
Address 1212 Jefferson St, SE Ste. 300
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 PERC decision - 12677-A

Number of Employees in Existing Unit 300

SECTION 2—Describe the Proposed Bargaining Unit:

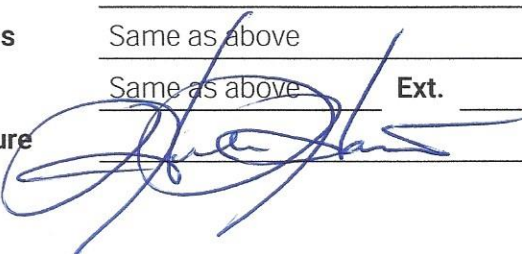
Number of Employees in Proposed Unit 7

If a CBA exists, what is the expiration date? 6/30/2027

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 7/31/2025

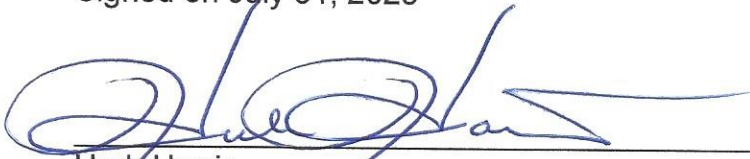
Certificate of Service

Department of Social and Health Services
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 July 31, 2025 I sent via email a copy of the petition to Amy Heller, DSHS/LR and the 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 July 31, 2025

A handwritten signature in blue ink, appearing to read 'Herb Harris', is written over a horizontal line.

Herb Harris
Manager of PERC Activities

From: [Herb Harris](#)
To: [PERC, Filing \(PERC\)](#); [Heller, Amy \(DSHS/OOS/HRD\)](#); [OFM mi Labor Relations](#)
Cc: [Tim Tharp](#); [Kayla Rider](#); [Benjamin Peterson](#)
Subject: New Rep petition for SHPC-HCS-Sups
Date: Thursday, July 31, 2025 4:45:26 PM
Attachments: Petition Complete.pdf

External Email

Hello,

Please find attached a petition to represent the supervisory SHPC-3's & 4's in the Home and Community Services (HCS) division of DSHS.

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