



PUBLIC EMPLOYMENT RELATIONS COMMISSION

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PO Box 40919, Olympia WA 98504-0919
Phone: 360.570.7300 | Fax: 360.570.7334
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REPRESENTATION PETITION

Amended Petition in Case # _____

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC

PARTIES Include information for all parties involved.

EMPLOYER Cascade Medical Center
Contact Diane Blake, CEO
Address 817 Commercial Street
City, State, ZIP Leavenworth, WA 98826
Telephone _____ Ext. _____
Email _____

PETITIONER IAFF Local 5134
Contact Tim Hoover
Address PO Box 2844
City, State, ZIP Leavenworth, WA 98826
Telephone 206-310-4556 Ext. _____
Email thoover00@gmail.com

CURRENT BARGAINING REPRESENTATIVE
(If one exists) Teamsters Local 760
Contact Paul Parmley
Address 1737 N. Wenatchee Avenue Ste. F
City, State, ZIP Wenatchee, WA
Telephone 509-667-7760 Ext. _____
Email paul@teamsters760.org

TYPE OF REQUEST Select One. The petitioner requests:

- RECOGNITION** to be certified as the representative of employees currently unrepresented.
- CHANGE OF REPRESENTATIVE** to be certified as the representative of employees currently represented by another organization.
- DECERTIFICATION** to no longer be represented by the current organization.
- INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

BARGAINING UNIT

Description of Bargaining Unit: Indicate inclusions / exclusions
"All full time and regular part time paramedics and full time EMT's of the Cascade Medical Center as defined by R.C.W. 41.26.030 (16)(H) and R.C.W. 18.71.200 (1-3), excluding the supervisor, the superintendent and all other employees."

Department or Division Ambulance Service Division

Number of Employees in Unit Approximately Nine (9)

Collective Bargaining Agreement
If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.

Contract Expiration Date: September 30, 2017

OTHER RELEVANT FACTS

Additional information relating to the proposed bargaining unit is attached.

SHOWING OF INTEREST

The petition must be filed with a showing of interest indicating support of at least 30% of the employees in the bargaining unit. The showing of interest cards are confidential and are ONLY filed with PERC.

AUTHORIZED SIGNATURE FOR PETITIONER

Print Name Tim Hoover Telephone 206-310-4556 Ext. _____
Title IAFF State Rep Email thoover00@gmail.com
Address 5450 Leary Avenue NW Apt 659
City, State, ZIP Seattle, WA 98107 Signature [Handwritten Signature] Date 7/5/17

From: [Tim Hoover](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Cascade Medical Paramedic and EMT's
Date: Wednesday, July 5, 2017 3:12:46 PM
Attachments: Scan.pdf
Cascade Medical Center 2014-2017.pdf
Andrews.pdf
Hanson.pdf
Zacher.pdf
Ing-Moody.pdf
Kirk.pdf
Swan.pdf
Stoltz.pdf
Bricker.pdf
Woodward.pdf

To Whom it May Concern:

I am writing this email on behalf of the paramedics and EMT's currently working at Cascade Medical in Leavenworth WA. The full time and regular part time paramedics and full time EMT's have signed Interest cards with the International Association of Firefighters, and therefore; wish to petition PERC to change their representation from Teamsters to the IAFF. Attached to this email is their change of representation petition, their interest cards, and their current collective bargaining agreement.

If you have questions please feel free to contact me.

Sincerely,

Tim Hoover

Tim Hoover
Washington State Council of Firefighters
Third District Representative
3rddist@wscff.org
206-310-4556

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