



**PUBLIC EMPLOYMENT RELATIONS COMMISSION**

112 Henry Street NE, Suite 300, Olympia WA 98506  
PO Box 40919, Olympia WA 98504-0919  
Phone: 360.570.7300 | Fax: 360.570.7334  
Email: filing@perc.wa.gov | Web: www.perc.wa.gov

**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** Olympic Medical Center / Clallam PH Dist. #2  
Contact Jennifer Burkhardt, CHRO/General Counsel  
Address 939 Caroline Street 360.417.7788  
City, State, ZIP Port Angeles, WA, 98362  
Telephone 360.417.7788 Ext. \_\_\_\_\_  
Email jburkhardt@olympicmedical.org

**PETITIONER** SEIU Healthcare 1199NW  
Contact Teresa Tobin, Organizing Director  
Address 15 S Grady Way, Ste 200  
City, State, ZIP Renton, WA, 98057  
Telephone (206) 465-7465 Ext. \_\_\_\_\_  
Email teresat@seiu1199nw.org

**CURRENT BARGAINING REPRESENTATIVE**  
(If one exists) \_\_\_\_\_  
Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_ Ext. \_\_\_\_\_  
Email \_\_\_\_\_

**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

Include: all full, part-time and per-diem Meal Service Rep.

**Department or Division** Nutrition Services / Dietary

**Number of Employees in Unit** Current Service: 215, New: 4

**Collective Bargaining Agreement**

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

**Contract Expiration Date:** February 28, 2021

**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** Teresa Tobin Telephone (206) 465-7465 Ext. \_\_\_\_\_  
**Title** Organizing Director Email teresat@seiu1199nw.org  
**Address** 15 South Grady Way, Ste 200  
**City, State, ZIP** Renton, WA, 98057 Signature [Handwritten Signature] Date 03/19/18

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION  
STATE OF WASHINGTON

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

Olympic Medical Center

Respondent/Responding Party

Case Number Not yet assigned

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

03/24/18

To:	Name	Jennifer Burkhardt	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization	OMC	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address	939 Caroline Street	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP	Port Angeles, WA 98362		
	Email	jburkhardt@olympicmedical.org		
	Fax	unknown		
	Name		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP			
	Email			
	Fax			
	Name		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP			
	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 3/24/18

Print Name Teresa Tobin

Signature 

**From:** [de la Rosa, Dario \(PERC\)](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Subject:** FW: OMC Meal Service Representation Petition  
**Date:** Monday, March 26, 2018 7:57:02 AM  
**Attachments:** OMC Meal Service Rep CoS.pdf  
OMC Meal Service Rep Petition.pdf  
OMC Meal Service Reps Cards.pdf

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**From:** Teresa Tobin [mailto:[teresat@seiu1199nw.org](mailto:teresat@seiu1199nw.org)]  
**Sent:** Saturday, March 24, 2018 4:58 PM  
**To:** de la Rosa, Dario (PERC) <[Dario.delaRosa@perc.wa.gov](mailto:Dario.delaRosa@perc.wa.gov)>  
**Subject:** OMC Meal Service Representation Petition

Hi Dario – attached is a representation petition, authorization cards and certificate of service for a small group of dietary workers at Olympic Medical Center who want to join our existing non-pro unit at OMC, which includes all other dietary positions. This job class got left out somehow from the vote about 10 years ago. If you think a unit clarification is simpler or faster let me know and we will change the petition. Teresa

Teresa Tobin  
Organizing Director  
SEIU Healthcare 1199NW  
(206) 465-7465