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

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MAY 29 2018
PUBLIC EMPLOYMENT
RELATIONS COMMISSION

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 Harborview Medical Center
Contact Pranika Laing
Address UW Tower, 7th Floor, Box 359421
City, State, ZIP Seattle, WA, 98195 (add. address attached)
Telephone 206-744-9230 Ext. _____
Email pranika@uww.edu

PETITIONER SEIU Healthcare 1199NW
Contact Teresa Tobin
Address 15 South Grady Way, Suite 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

See Attached

Department or Division Food & Nutrition Services
Number of Employees in Unit 16 (New) 111(Existing)
Collective Bargaining Agreement
If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.
Contract Expiration Date: 06/30/2019

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, Suite 200
City, State, ZIP Renton, WA 98057 Signature _____ Date 5/25/18

Attachment – Representation Petition, May 25, 2018
Harborview Medical Center, Dietitians

Full Address for Employer:
UW Medicine Human Resources
UW Tower, 7th floor
Box 359421
4333 Brooklyn Ave NE
Seattle, WA 98195-9421

Description of Bargaining Unit:

Included: All full time, regular part-time and on-call Dietitians employed at Harborview Medical Center, including:

- Dietitian 2

Existing: Social Worker Bargaining Unit Includes:

- Social Worker
- Social Work Assistant 2

Excluded: All other employees, managers, supervisors, confidential employees, and those employees in existing bargaining units