



REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☒ No

If yes, enter the case number: _____

PARTIES Include information for all parties involved.**EMPLOYER** Pierce County Juvenile CourtContact Joe CarrilloTitle Human ResourcesAddress 950 Fawcett AvenueCity, State, ZIP Tacoma, WA 98402Telephone 253-798-7480 Ext. _____Email jcarril@co.pierce.wa.us**PETITIONER** WSCCCE, Council 2, AFSCMEContact Bill KeenanTitle Director of OrganizingAddress P.O. Box 750City, State, ZIP Everett, WA 98206-0750Telephone 425-864-6619 Ext. _____Email bilk@council2.com**CURRENT BARGAINING REPRESENTATIVE**

If one exists _____

Contact _____

Title _____

Address _____

City, State, ZIP _____

Telephone _____ Ext. _____

Email _____

TYPE OF REQUEST Select ONE of the following.

- ☐ **RECOGNITION** to be certified as the representative of employees currently unrepresented.
- ☒ **INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- ☐ **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.
- ☐ **EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

BARGAINING UNIT**Department or Division** Juvenile Court Probation**Number of Employees in Bargaining Unit** 7**Describe the existing or proposed bargaining unit:**

The Inclusion of all Juvenile Court Probation Case Aid Monitors to the existing bargaining unit of Juvenile Probation Officers and Support Staff.

Collective Bargaining Agreement (CBA):

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

CBA Expiration Date _____**SHOWING OF INTEREST** The showing of interest cards are confidential and are filed ONLY with PERC.

The petition must be filed with a showing of interest indicating support of at least 30 percent of the employees in the bargaining unit. Showing of interest cards may be submitted electronically, provided the copy is legible.

AUTHORIZED CONTACT FOR PETITIONERName Bill KeenanAddress P.O. Box 750Telephone 425-864-6619 Ext. _____Signature Title Director of OrganizingCity, State, ZIP Everett, WA 98206-0750Email bilk@council2.comDate 4/29/19

From: [admin](#)
To: [Bill Keenan](#)
Subject: Message from "RNP0026739B0481"
Date: Monday, April 29, 2019 3:01:38 PM
Attachments: 201904291514.pdf

This E-mail was sent from "RNP0026739B0481" (Aficio MP 6002).

Scan Date: 04.29.2019 15:14:45 (-0400)

Queries to: admin@council2.com

From: [admin](#)
To: [Bill Keenan](#)
Subject: Message from "RNP0026739B0481"
Date: Monday, April 29, 2019 2:53:32 PM
Attachments: 201904291506.pdf

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From: [Bill Keenan](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Representation Petition
Date: Monday, April 29, 2019 3:05:39 PM
Attachments: Message from RNP0026739B0481.msg
Message from RNP0026739B0481.msg
