



# REPRESENTATION PETITION

Is this an amended petition?  Yes  No If yes, enter the case number: \_\_\_\_\_

### PARTIES Include information for all parties involved.

**EMPLOYER** City of Sammamish  
 Contact Rick Rudometkin  
 Title City Manager  
 Address 801 228th Avenue SE  
 City, State, ZIP Sammamish, WA 98075  
 Telephone 425-295-0551 Ext. \_\_\_\_\_  
 Email RRudometkin@sammamish.us

**PETITIONER** WSCCCE, Council 2, AFSCME  
 Contact Bill Keenan  
 Title Director of Organizing  
 Address P.O. Box 750  
 City, State, ZIP Everett, WA 98206-0750  
 Telephone 425-864-6619 Ext. \_\_\_\_\_  
 Email billk@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** All employees  
**Number of Employees in Bargaining Unit** 100

**Describe the existing or proposed bargaining unit:**  
All employees of the City of Sammamish excluding supervisors and confidential employees

**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 PETITIONER

Name Bill Keenan Title Director of Organizing  
 Address P.O. Box 750 City, State, ZIP Everett, WA 98206-0750  
 Telephone 425-864-6619 Ext. \_\_\_\_\_ Email billk@council2  
 Signature  Date 5-16-19

**From:** [admin](#)  
**To:** [Bill Keenan](#)  
**Subject:** Message from "RNP0026739B0481"  
**Date:** Thursday, May 16, 2019 8:49:01 AM  
**Attachments:** 201905160902.pdf

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

Scan Date: 05.16.2019 09:02:32 (-0400)

Queries to: [admin@council2.com](mailto:admin@council2.com)

**From:** [Bill Keenan](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Subject:** Representation Petition  
**Date:** Thursday, May 16, 2019 8:52:17 AM  
**Attachments:** Message from RNP0026739B0481.msg  
Message from RNP0026739B0481.msg

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