



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Dept. of Social and Health Services
 Contact Anthony Ventresco
 Title Employee Relations Manager
 Address PO Box 54854
 City, State, ZIP Olympia, WA 98504-5854
 Telephone 509-368-4757 Ext. _____
 Email ventra@dshs.wa.gov

PETITIONER Wash. Federation of State Employees
 Contact Herb Harris
 Title Coordinator of PERC Activities
 Address 1212 Jefferson St. SE Ste 300
 City, State, ZIP Olympia, WA 98501
 Telephone 360-352-7603 Ext. _____
 Email herbh@wfse.org

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

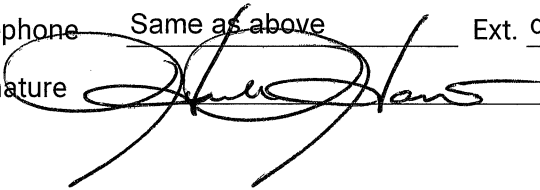
Department or Division Institutions
Number of Employees in Bargaining Unit 292 adding 13
Describe the existing or proposed bargaining unit:
 Adding the Therapy Supervisors to the Institutions bargaining unit last described in PERC decision 12689-A

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 June 30, 221

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 Herb Harris Title Coordinator of PERC Activities
 Address Same as above City, State, ZIP Same as above
 Telephone Same as above Ext. 9 Email Same as above
 Signature  Date 8/19/19



STATE HEADQUARTERS OFFICE

1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501-2332
800-562-6002 • www.wfse.org

August 19, 2019

Michael Sellars, Executive Director
Public Employment Relations Commission
PO Box, 40919
Olympia, WA 98504

Dear Mr. Sellars:

This petition is filed under WAC 391-25-440, the Self Determination rule.

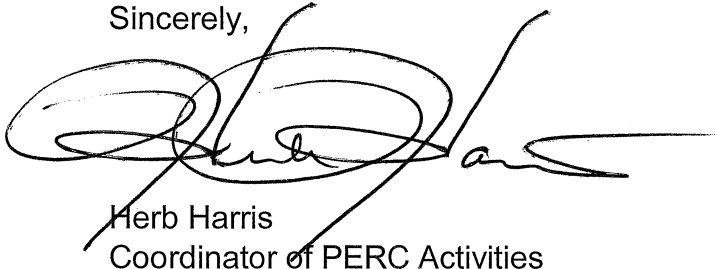
We are hereby filing a request to be certified as the exclusive bargaining representative for certain civil service employees at the Department of Social and Health Services.

We are filing to add the classification of Therapy Supervisor to the existing DSHS Institutions Supervisors bargaining unit.

Our records show that we have signed authorization cards from a majority of employees in this unit and ask that a cross check of employment records is conducted.

Thank you for your attention to the request.

Sincerely,

A handwritten signature in black ink, appearing to read "Herb Harris". The signature is fluid and cursive, with a long horizontal stroke at the end.

Herb Harris
Coordinator of PERC Activities

OLYMPIA FIELD OFFICE
906 Columbia St. SW, Suite 500
Olympia, WA 98501

SEATTLE FIELD OFFICE
6363 7th Ave. S., Suite 220
Seattle WA, 98108-3407

SPOKANE FIELD OFFICE
222 W. Mission Ave., Suite 201
Spokane, WA 99201-2301

TACOMA FIELD OFFICE
6003 Tacoma Mall Blvd.
Tacoma, WA 98409-6826

MEMBER CONNECTION CENTER: 833-MCC-WFSE (833-622-9373)



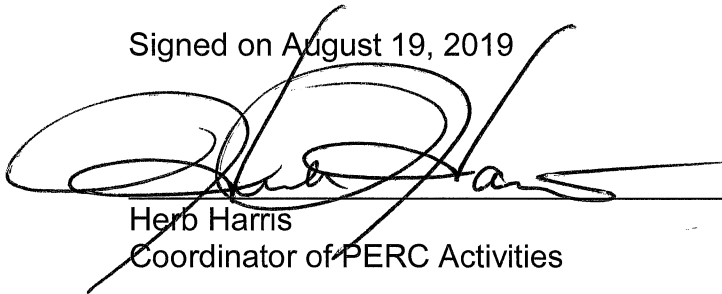
Certificate of Service

Department of Social and Health Services
Self Determination Petition

As per PERC Commission requirements and WAC 391-08-120(4), I, Herb Harris do certify that the following facts regarding servicing of the representation petition is true.

On August 19, 2019 I sent via email, a copy of the petition to Anthony Ventresco, DSHS and Franklin Plaistowe, OFM/HR. To the best of my knowledge and belief these are the representatives of the other parties that would need to be notified to fulfill our obligation under WAC 391-08-120(4).

Signed on August 19, 2019



Herb Harris
Coordinator of PERC Activities

From: [Herb Harris](#)
To: [PERC Filing \(PERC\)](#); [Ventresco, Tony \(DSHS/HRD\)](#); [Plastowe, Franklin \(OFM\)](#)
Cc: [Rod Palmquist](#); [Benjamin Peterson](#)
Subject: Representation Petition
Date: Monday, August 19, 2019 3:21:00 PM
Attachments: Pettion without Showing of Interest.pdf

Dear Parties

Attached is a representation petition concerning DSHS employees.

Thanks

Herb

Herb Harris
Coordinator of PERC Activities
(360) 352-7603
1-800-562-6002
herbh@wfse.org