



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER King County

Contact Megan Pedersen

Title KC Office of Labor Relations Director

Address 500 4th Ave Room 450

City, State, ZIP Seattle, WA 98104

Telephone (206) 263-2898 Ext. _____

Email Megan.Pedersen@kingcounty.gov

PETITIONER Prof. & Tech. Employees Local 17

Contact Paul Marvy

Title Projects Administrator

Address 2900 Eastlake Ave E, Suite 300

City, State, ZIP Seattle, WA 98102

Telephone (206) 328-7321 Ext. 109

Email Paul@protec17.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 Dept. of Cmty & Hum Svcs

Number of Employees in Bargaining Unit ≈ 62

Describe the existing or proposed bargaining unit:

All Project/Program Manager I & II in the following Divisions:
 Housing, Homelessness & Community Development
 Performance, Measurement and Evaluation
 Adult Services
 Developmental Disabilities & Early Childhood Dev.
 Child & Youth Services

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	Paul Marvy	Title	Projects Administrator
Address	2900 Eastlake Ave E, Suite 300	City, State, ZIP	Seattle, WA 98102
Telephone	(206) 328-7321 Ext. 109	Email	Paul@protec17.org
Signature		Date	August 21, 2019



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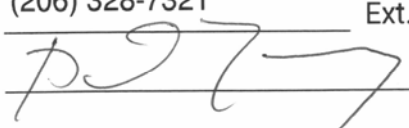
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Address	<u>2900 Eastlake Ave E, Suite 300</u>	City, State, ZIP	<u>Seattle, WA 98102</u>
Telephone	<u>(206) 328-7321</u> Ext. <u>109</u>	Email	<u>Paul@protec17.org</u>
Signature		Date	<u>August 21, 2019</u>

**BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON**

Professional & Technical Employees
Local 17 (PROTEC17)

Case Number

Petitioner/Complainant/Filing Party

v.

CERTIFICATE OF SERVICE

King County

Respondent/Responding Party

I certify that I served a copy of this (*title of document*) Representation Petition (PPMs I & II in DCHS on all parties or their counsel of record on (*date*) 08/21/2019

To:	Name	Megan Pedersen		
	Organization	King County Office of Labor Relations	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	500 4th Ave Room 450	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Seattle, WA 98104	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	Megan.Pedersen@kingcounty.gov		
	Fax	(206) 205-1395		
To:	Name	Kristi Knieps		
	Organization	King County Office of Labor Relations	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	500 4th Ave Room 450	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Seattle, WA 98104	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	Kristi.Knieps@kingcounty.gov		
	Fax	(206) 205-1395		
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	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 8/21/2019

Print Name Paul Marvy

Signature _____



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STATE OF WASHINGTON**

Professional & Technical Employees
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To:	Name	Megan Pedersen		
	Organization	King County Office of Labor Relations	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	500 4th Ave Room 450	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Seattle, WA 98104	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	Megan.Pedersen@kingcounty.gov		
	Fax	(206) 205-1395		
To:	Name	Kristi Knieps		
	Organization	King County Office of Labor Relations	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	500 4th Ave Room 450	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Seattle, WA 98104	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	Kristi.Knieps@kingcounty.gov		
	Fax	(206) 205-1395		
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
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	Email			
	Fax			

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Date signed and submitted 8/21/2019

Print Name Paul Marvy

Signature _____



From: [Paul Marvy](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Representation Petition Protec17 & King County II 1 of 2 emails for this petition
Date: Wednesday, August 21, 2019 4:21:09 PM
Attachments: Cert of Service DCHS PPMs.pdf
Rep Petition PPMs DCHS.pdf
1-25.zip

Paul Marvy

PROTEC17 Projects Administrator

Phone: 800-783-0017 ext. 109

Email: paul@protec17.org

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From: [Paul Marvy](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Fwd: Representation Petition Protec17 & King County II 2 of 2 emails for this petition
Date: Wednesday, August 21, 2019 4:23:25 PM
Attachments: 26-50.zip
Cert of Service DCHS PPMs.pdf
Rep Petition PPMs DCHS.pdf

With the second attachment of cards

Paul Marvy

PROTEC17 Projects Administrator

Phone: 800-783-0017 ext. 109

Email: paul@protec17.org

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Begin forwarded message:

From: Paul Marvy <paul@pte17.org>
Subject: Representation Petition Protec17 & King County II 1 of 2 emails for this petition
Date: August 21, 2019 at 4:20:18 PM PDT
To: filing@perc.wa.gov

Paul Marvy

PROTEC17 Projects Administrator

Phone: 800-783-0017 ext. 109

Email: paul@protec17.org

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