



REPRESENTATION PETITION P 0 3 2019

PUBLIC EMPLOYMENT RELATIONS COMMISSION

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

PARTIES Include information for all parties involved.

EMPLOYER University of Washington

Contact Peter Denis

Title Asst Vice President, HR

Address 4300 Roosevelt Way NE

City, State, ZIP Seattle, WA 98105

Telephone 206-616-3564 Ext. _____

Email denisjp@uw.edu

PETITIONER SEIU Local 925

Contact Sarah Bright

Title Organizer

Address 1914 N. 34th St. Suite 100

City, State, ZIP Seattle, WA 98103

Telephone 206-322-3010 Ext. 322

Email sbright@seiu925.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 IHME

Number of Employees in Bargaining Unit 275

Describe the existing or proposed bargaining unit:

All non-supervisory professional employees employed by the University of Washington in the Institute for Health Metrics and Evaluation.

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	<u>Sarah Bright</u>	Title	<u>Organizer</u>
Address	<u>1914 N. 34th St. Suite 100</u>	City, State, ZIP	<u>Seattle, WA 98103</u>
Telephone	<u>206-322-3010</u> Ext. <u>322</u>	Email	<u>sbright@seiu925.org</u>
Signature		Date	<u>9/3/2019</u>

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

SEIU Local 925

Petitioner/Complainant/Filing Party

v.

University of Washington

Respondent/Responding Party

Case Number



CERTIFICATE OF SERVICE

I certify that I served a copy of this *(title of document)* Representation Petition
on all parties or their counsel of record on *(date)* 9/3/2019

<p>To:</p> <p>Name</p> <p>Organization</p> <p>Address</p> <p>City, State, ZIP</p> <p>Email</p> <p>Fax</p>	<p>Peter Denis</p> <p>University of Washington</p> <p>4300 Roosevelt Way NE</p> <p>Seattle, WA 98105</p> <p>denisjp@uw.edu</p>	<p><input checked="" type="checkbox"/> E-mail</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Hand Delivery</p>	<p><input type="checkbox"/> First Class U.S. Mail</p> <p><input type="checkbox"/> Certified U.S. Mail</p> <p><input type="checkbox"/> Registered U.S. Mail</p>
<p>To:</p> <p>Name</p> <p>Organization</p> <p>Address</p> <p>City, State, ZIP</p> <p>Email</p> <p>Fax</p>		<p><input type="checkbox"/> E-mail</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Hand Delivery</p>	<p><input type="checkbox"/> First Class U.S. Mail</p> <p><input type="checkbox"/> Certified U.S. Mail</p> <p><input type="checkbox"/> Registered U.S. Mail</p>
<p>To:</p> <p>Name</p> <p>Organization</p> <p>Address</p> <p>City, State, ZIP</p> <p>Email</p> <p>Fax</p>		<p><input type="checkbox"/> E-mail</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Hand Delivery</p>	<p><input type="checkbox"/> First Class U.S. Mail</p> <p><input type="checkbox"/> Certified U.S. Mail</p> <p><input type="checkbox"/> Registered U.S. Mail</p>

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 9/3/2019

Print Name Sarah Bright

Signature 

