



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Summit Pacific
 Contact Josh Martin
 Title Chief Executive Officer
 Address 600 E Main St
 City, State, ZIP Elma WA 98541
 Telephone 360-346-2280 Ext. _____
 Email joshm@sp-mc.org

PETITIONER UFCW 21
 Contact Matt Loveday
 Title Organizer
 Address 5030 1st Ave S, Ste 200
 City, State, ZIP Seattle WA 98134
 Telephone 206-419-0433 Ext. _____
 Email mloveday@ufcw21.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 _____
 Number of Employees in Bargaining Unit 200
 Describe the existing or proposed bargaining unit:

See attachment.

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 Matt Loveday Title Organizer
 Address 5030 1st Ave S, Ste 200 City, State, ZIP Seattle WA 98134
 Telephone 206-419-0433 Ext. _____ Email mloveday@ufcw21.org
 Signature *Matt Loveday* Date 11-26-19

All full-time, regular part-time, and per diem Registered Nurses, Technical, and Service workers employed by Summit Pacific Medical Center, including the following job classes: Baristas, CNAs, Cooks, CT Techs, Echo Techs, Emergency Department Techs, Environmental Services Techs, Fitness and Activities Assistants, Health Coaches, Infection Prevention Specialists, LPNs, Maintenance Techs, Mammography Techs, Medical Assistants, Medical Lab Techs, Nutrition Services Techs, Pharmacy Techs, Phlebotomists, Physical Therapy Assistants, Radiologist Techs, Referral Coordinators, Registration Specialists, Registered Nurses, Scheduling Specialists, Sterile Processing Techs, Therapy Aides, and Ultrasound Techs, employed by the employer at the following locations:

Summit Pacific Hospital
600 East Main St
Elma, WA 98541

Summit Pacific Wellness Center
610 East Main St
Elma, WA 98541

Summit Pacific McCleary Clinic
105 West Simpson Ave
McCleary, WA 98557

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

UFCW 21

Petitioner/Complainant/Filing Party

v.

Summit Pacific

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

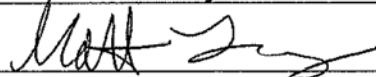
I certify that I served a copy of this (title of document) Representation Petition
on all parties or their counsel of record on (date) 11-26-19

To:	Name Josh Martin Organization Summit Pacific Address 600 East Main St City, State, ZIP Elma WA 98541 Email joshm@sp-mc.org Fax	<input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery	<input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Registered U.S. Mail
To:	Name Organization Address City, State, ZIP Email Fax	<input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery	<input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Registered U.S. Mail
To:	Name Organization Address City, State, ZIP Email Fax	<input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery	<input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Registered U.S. Mail

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 11-26-19

Print Name Matt Loveday

Signature 



From: [Matt Loveday](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Summit Pacific Filing
Date: Tuesday, November 26, 2019 11:55:34 AM
Attachments: Summit Pacific Representation Petition.pdf

Hello,

Please see the attached Representation Petition, Unit Description, and Certificate of Service.

Thanks,

Matt

Matt Loveday

Lead Organizer

206-419-0433

www.ufcw21.org

