

## **REPRESENTATION PETITION**

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

PARTIES	Include information for all parties involved	<b>TYPE OF REQUEST</b> Select ONE of the following.	
EMPLOYER	City of Bridgeport	• <b>RECOGNITION</b> to be certified as the representative of	
Contact	Janet Conklin	employees currently unrepresented.	
Title	Mayor	<ul> <li>INCLUSION OF UNREPRESENTED EMPLOYEES to have</li> <li>a group of employees added to an existing bargaining</li> </ul>	
Address	1206 Columbia Ave. P.O Box 640	unit as described in WAC 391-25-440.	
City, State, ZIP Bridgeport WA 98813		○ CHANGE OF REPRESENTATIVE to be certified as the	
Telephone	509-686-4041 Ext.	<ul> <li>representative of employees currently represented by another organization.</li> </ul>	
Email	MayorConklin@nwi.net	<b>DECERTIFICATION</b> to no longer be represented by the	
PETITIONER	Teamsters Union 760	current organization.	
Contact	Augustine J Gallegos	EMPLOYER PETITION a determination by the commission according to WAC 391-25-090.	
Title	Organizer	BARGAINING UNIT	
Address	1211 W . Lincoln Ave		
City, State, ZIP Yakima WA 98902		Department or Division Public Works	
Telephone	509- 985-2544 Ext.	Number of Employees in Bargaining Unit       4         Describe the existing or proposed bargaining unit:	
Email	augustine@teamsters760.org	All Public Works Employees Including Waste Water Treatment	
CURRENT BARGAINING REPRESENTATIVE		Employees , and Animal Control employees, excluding the Public Works Director and Confidential employees.	
Contact			
Title			
Address			
City, State, ZIF		Collective Bargaining Agreement (CBA): If one exists, the bargaining unit's most recent collective	
Telephone	Ext	bargaining agreement must be filed with this petition.	
Email		CBA Expiration Date N/A	

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	Augustine J Gallegos	Title	Organizer		
Address	1211 W Lincoln Ave	City, State, ZIPYakima WA 98902			
Telephone	509-452-7194 Ext	Email	Augustine@tematers760.org		
Signature	Aux Join Allect	Date	5/21/2020		
			Form E-1 (1/2019)		

## BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION STATE OF WASHINGTON

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Case Number					
CERTIFICATE OF SERVICE					
I certify that I served a copy of this <i>(title of document)</i> Representation Petition on all parties or their counsel of record on <i>(date)</i> 5.21.2020					
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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 5.21.2020

Print Name Augustine J. Gallegos



Signature

From:	Andrea Perez
To:	PERC, Filing (PERC); mayorconklin@nwi.net; Augustine Gallegos
Subject:	Bridgeport Representation Petition 5.21.2020.pdf
Date:	Thursday, May 21, 2020 2:07:52 PM
Attachments:	Bridgeport Representation Petition 5.21.2020.pdf
Importance:	High

Your message is ready to be sent with the following file or link attachments:

Bridgeport Representation Petition 5.21.2020.pdf

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