



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Harborview Medical Center

Contact Banks Evans

Title Director, UW Labor Relations

Address 4300 Roosevelt Way NE

City, State, ZIP Seattle, WA 98195

Telephone 206-221-4465 Ext. _____

Email bannkse@uw.edu

PETITIONER SEIU Healthcare 1199NW

Contact Nestor Galindo

Title Assistant Organizing Director

Address 15 S Grady Way, Suite 200

City, State, ZIP Renton, WA 98057

Telephone 425-919-4131 Ext. _____

Email nestorg@seiu1199nw.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 See Attachment

Number of Employees in Bargaining Unit See Attached

Describe the existing or proposed bargaining unit:

See Attached

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 5/30/21

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>Nestor Galindo</u>	Title	<u>Assistant Organizing Director</u>
Address	<u>15 S Grady Way, Suite 200</u>	City, State, ZIP	<u>Renton, WA 98057</u>
Telephone	<u>425-919-4131</u> Ext. _____	Email	<u>nestorg@seiu1199nw.org</u>
Signature	<u></u>	Date	<u>8/25/20</u>

Who Can File a Petition?

The petitioner is the party who files the petition and may be an individual employee, a union, or (in rare circumstances) an employer.

For more detailed information please refer to our website at perc.wa.gov/elections. For applicable rules, visit perc.wa.gov/laws-rules and refer to chapters 10-08, 391-08, and 391-25 WAC.

Party Representatives

PERC only sends documents to default contacts currently on file. If a party intends to have another representative as the primary contact that person must file a notice of appearance.

Filing Time Frame

A petition may be filed at any time if you (1) intend to organize a new bargaining unit or (2) your contract has expired and a new contract has not yet been signed.

A petition to change representation or decertify can only be filed during a 30-day window period. The 30-day window period is determined by the expiration date of the current contract.

- For employees covered by chapter 41.80 RCW, the window period begins 120 days and ends 90 days before the contract expires.
 - For employees covered by all other statutes, the window period begins 90 days and ends 60 days before the contract expires.
 - If PERC has issued a certification, no petition involving the same employees may be filed for 12 months from the date of the certification.
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Bargaining Unit

- For petitions to organize a new unit, describe the proposed bargaining unit.
 - For petitions seeking to include unrepresented employees in an existing bargaining unit, describe the existing bargaining unit and the positions the petition is seeking to include in that unit.
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Showing of Interest

A showing of interest is individual papers/cards from at least 30 percent of the employees in the bargaining unit. Each card must be signed, dated, and clearly state the desired outcome. Example language for the card is as follows:

I want to be represented by [name of union] for the purpose of collective bargaining. (or)
I no longer want to be represented by [name of union] for the purpose of collective bargaining.

A sheet of paper with multiple signatures will not be accepted. The showing of interest cards should be filed ONLY with PERC. Do not provide copies of the cards to other parties.

Filing and Service

Documents may be submitted to PERC by email attachment, by fax, by mail, or in person. Email filing is preferred and no paper copies are required.

- Email to filing@perc.wa.gov
- Fax to 360.570.7334
- Mail to P.O. Box 40919, Olympia, WA 98504-0919
- Hand Deliver to 112 Henry St. NE, Olympia, WA 98506

Service is required on all parties to the case and is considered complete when the document is received by email, fax, or hand delivery or when the document is put into the mail. A certificate of service is required to show when, how, and on whom the document was served. A certificate of service form can be found at perc.wa.gov/file-a-case.



Attachment – Representation Petition
Harborview Medical Center, Respiratory Care Specialist

Full Address for Employer:

UW Labor Relations
Roosevelt Commons West, Box 354960
4300 Roosevelt Way NE
Seattle, WA 98195

Department or Division:

9C Respiratory Therapy

Number of Employees in Bargaining Unit:

2 new and 105 existing

Description of Existing and Proposed Bargaining Unit:

Petitioner is seeking inclusion of Respiratory Care Specialist into existing Respiratory Therapist/Anesthesiology Technician/Electroneurodiagnostic Technologist Bargaining Unit

Included: Full time, regular part-time and on-call/per-diem Respiratory Therapist/Respiratory Care Specialist/ Anesthesia Technician/Electroneurodiagnostic Technologist

18960 ANESTHESIOLOGY TECHNICIAN 2 BS 30

18959 ANESTHESIOLOGY TECHNICIAN LEAD BS 37

18950 ELECTRONEURODIAGNOSTIC TECHNOLOGIST 1 BS 40

18951 ELECTRONEURODIAGNOSTIC TECHNOLOGIST 2 BS 50

18952 ELECTRONEURODIAGNOSTIC TECHNOLOGIST 3 BS 57

18956 RESPIRATORY CARE ASSOCIATE BS 32

18958 RESPIRATORY CARE LEAD BS 63

18957 RESPIRATORY CARE PRACTITIONER BS 54

16151 RESPIRATORY CARE SPECIALIST

Excluded: All other employees, managers, supervisors, confidential employees, and those employees in existing bargaining units

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

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

Harborview Medical Center

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

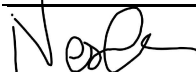
I certify that I served a copy of this *(title of document)* Representation Petition
on all parties or their counsel of record on *(date)* Aug 25, 2020

To:	Name	Banks Evans		
	Organization	Harborview Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	4300 Roosevelt Way NE	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Seattle, WA, 98195	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	bankse@uw.edu		
	Fax			
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			
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 Aug 25, 2020

Print Name Nestor Galindo

Signature 



From: [Nestor Galindo](#)
To: [PERC Filing \(PERC\)](#)
Subject: Representation Petition - 1199NW - HMC Respiratory Care Specialist job class
Date: Tuesday, August 25, 2020 5:43:39 PM
Attachments: HMC Respiratory Care Specialist Certificate of Service 82520.pdf
HMC-2019-2021 CBA.pdf
PERC HMC Respiratory Care Specialist Representation Petition 82520.pdf
Representation Petition HMC Respiratory Care Specialist Attachement 82520.docx
Respiratory Care Specialist Authorization Card - 1.pdf
Respiratory Care Specialist Authorization Card - 2.pdf

Hi,

Attached you will find representation petition and all supporting documents.

If you have any questions feel free to reach out to me at this email or number below.

Thanks

Nestor Galindo (he/him)
1199NW, Lead Organizer
425-919-4131