



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER City of Tacoma
 Contact Dylan Carlson
 Title Senior Labor Relations Manager
 Address 747 Market St, TMB - Room 1520
 City, State, ZIP Tacoma, WA 98402-3764
 Telephone (253) 591-5609 Ext. _____
 Email dcarlson2@cityoftacoma.org

PETITIONER Prof & Tech Employees Local 17
 Contact Xuan-Trang Tran-Thien
 Title Organizer
 Address 2900 Eastlake Ave E, Suite 300
 City, State, ZIP Seattle, WA 98102
 Telephone (206) 328-7321 Ext. 106
 Email tran-thien@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 Tacoma Police Department
Number of Employees in Bargaining Unit 3
Describe the existing or proposed bargaining unit:

All full-time and part-time regular, probationary, and appointive employees whose job classification is Financial Manager, Forensics Manager, or Office Manager in the City of Tacoma's Police Department.

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>Xuan-Trang Tran-Thien</u>	Title	<u>Organizer</u>
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>106</u>	Email	<u>tran-thien@protec17.org</u>
Signature	<u>/s/Xuan-Trang Tran-Thien</u>	Date	<u>August 28, 2020</u>

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

Professional & Technical Employees Local
17 (PROTEC17)

Petitioner/Complainant/Filing Party

v.

City of Tacoma

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

I certify that I served a copy of this *(title of document)* Representation Petition (TPD - Managers)
on all parties or their counsel of record on *(date)* August 28, 2020

To:	Name	Dylan Carlson		
	Organization	City of Tacoma - Labor Relation	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	747 Market St, Room 1520	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Tacoma, WA 98402-3764	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	dcarlson2@cityoftacoma.org		
	Fax	(253) 591-5793		
To:	Name	Jude Kelley		
	Organization	City of Tacoma - Labor Relation	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	747 Market St, Room 1520	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Tacoma, WA 98402-3764	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	jkelley@cityoftacoma.org		
	Fax	(253) 591-5793		
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 August 28, 2020

Print Name Xuan-Trang Tran-Thien

Signature /s/Xuan-Trang Tran-Thien



From: [Xuan-Trang Tran-Thien](#)
To: [PERC Filing \(PERC\)](#)
Cc: [Brent Wagar](#)
Subject: Petition for Representation - PROTEC17 & City of Tacoma
Date: Friday, August 28, 2020 1:03:09 PM
Attachments: PERC Filing-CoS for CT TPD Managers 20200828.pdf
PERC Filing-Rep Petition for CT TPD Managers 20200828.pdf
CT TPD Manager Cards (Combined).pdf

Included in this email:

1. Petition for Representation
2. Certificate of Service
3. Union Authorization Cards

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Xuan-Trang Tran-Thien (she/her/hers)

PROTEC17 Organizer

(206) 328-7321 / (800) 783-0017 ext. 106

Tran-Thien@PROTEC17.org

2900 Eastlake Ave E, Suite 300

Seattle, WA 98102

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