



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER White Salmon Valley School District
 Contact Jerry Lewis
 Title Superintendent
 Address 171 NW Washington St
 City, State, ZIP White Salmon, WA, 98672
 Telephone 509-493-1500 Ext. _____
 Email jerry.lewis@whitesalmonschools.org

PETITIONER WSCCCE/AFSCME Council 2
 Contact Bill Keenan
 Title Director of Organizing
 Address PO Box 750
 City, State, ZIP Everett WA 98206
 Telephone 425-303-8818 Ext. _____
 Email billk@council2.com

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 Transportation Department
Number of Employees in Bargaining Unit Approx 17
Describe the existing or proposed bargaining unit:
 Bus Drivers, Bus Assistants and Mechanics in the Transportation Department for the White Salmon Valley School District.

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>Bill Keenan</u>	Title	<u>Director of Organizing</u>
Address	<u>PO Box 750</u>	City, State, ZIP	<u>Everett WA 98206</u>
Telephone	<u>425-303-8818</u> Ext. _____	Email	<u>billk@council2.com</u>
Signature	<u>Bill Keenan</u>	Date	<u>9/9/2020</u>

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

Washington State Council County and
City Employees, AFSCME Council 2

Case Number

Petitioner/Complainant/Filing Party

v.

CERTIFICATE OF SERVICE

White Salmon Valley School District

Respondent/Responding Party


I certify that I served a copy of this (*title of document*) Representation Petition
on all parties or their counsel of record on (*date*) 9/9/2020

To:	Name	Jerry Lewis		
	Organization	White Salmon Valley S.D.	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	171 NW Washington St	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	White Salmon WA 98672	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	jerry.lewis@whitesalmonschools		
	Fax			
To:	Name		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP			
	Email			
	Fax			
To:	Name		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP			
	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 9/9/2020

Print Name Miguel Morga

Signature 



From: [Miguel Morga](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Bill Keenan](#)
Subject: Representation Petition White Salmon Valley School District
Date: Wednesday, September 9, 2020 9:48:44 AM
Attachments: Certificate of Service White Salmon Valley School District.pdf
Representation Petition White Salmon Valley School District.pdf
White Salmon School District Authorization for Representation Cards.pdf

Attached is a representation petition and authorization cards for employees in the Transportation Department of the White Salmon Valley School District. These employees are currently unrepresented and the authorization cards have been filled out by the entire bargaining unit. A copy of the Representation Petition (but not the Representation Cards) has been provided to the employer.

Please contact me or Bill Keenan if you have any questions,

Miguel

Miguel Morga
Director of Staff Services
Washington State Council
County and City Employees
AFSCME Council 2, AFL-CIO
425-303-8818