



# REPRESENTATION PETITION

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

### **PARTIES** Include information for all parties involved.

**EMPLOYER** Olympic Medical Center  
 Contact Jennifer Burkhardt  
 Title Chief Human Resources Officer  
 Address 939 Caroline Street  
 City, State, ZIP Port Angeles, WA 98362  
 Telephone (360) 417-7756 Ext. \_\_\_\_\_  
 Email jburkhardt@olympicmedical.org

**PETITIONER** SEIU Healthcare 1199NW  
 Contact Nestor Galindo  
 Title Lead Organizer  
 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 attachment

**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** 02/28/2021

### **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>Lead Organizer</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>11/17/20</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](http://perc.wa.gov/elections). For applicable rules, visit [perc.wa.gov/laws-rules](http://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.
- 

## 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.
- 

## 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](mailto: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](http://perc.wa.gov/file-a-case).



Attachment – Representation Petition – Service & Dietary Bargaining Unit

Olympic Medical Center, Case Management CMAs

**Full Address for Employer:**

Jennifer Burkhardt  
Chief Human Resources Officer/General Counsel  
Olympic Medical Center  
939 Caroline Street  
Port Angeles, WA 98362

**Department or Division:**

Case Management

**Number of Employees in Bargaining Unit:**

2 new and 215 existing

**Description of Existing and Proposed Bargaining Unit:** Petitioner is seeking inclusion of Case Management Associates in the existing Service and Dietary Bargaining Unit.

**Included:** all regular full-time, regular part-time, per diem, temporary and probationary employees designated by the classifications set forth below:

- Food Service Aide
- FSW/Customer Care
- Environ Svcs I
- Storeroom Aide
- Floater/Expeditor/Relief
- Security Guard
- Environ Svcs II
- PCA
- CS Tech
- Baker/Deli/Cook
- Diagnostic Imaging Aide
- Endoscope Reprocessor
- Surgery Orderly
- CAN
- Unit Secretary
- Ane Aide
- Arrhyth Tech
- Cert Endoscope Reprocessor
- Cert CS Tech
- ERT
- Storekeeper
- Document Specialist
- Buyer
- Maint
- Plant Op
- Case Management Associates

**Excluded:** excluding supervisors and all other employees

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

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

Olympic Medical Center

Respondent/Responding Party

Case Number

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this (*title of document*) Petitions, their attachments and the CBAs on all parties or their counsel of record on (*date*) 11/18/2020

To:	Name	Jennifer Burkhardt		
	Organization	Olympic Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	939 Caroline Street	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Port Angeles, WA 98362	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	jburkhardt@olympicmedical.org		
	Fax			
To:	Name	Heather Delplain		
	Organization	Olympic Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	939 Caroline Street	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Port Angeles, WA 98362	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	jburkhardt@olympicmedical.org		
	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 11/18/2020

Print Name Trey Stinson-Smiley

Signature 



**From:** [Trey Stinson-Smiley](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Subject:** Representation Petition  
**Date:** Wednesday, November 18, 2020 12:35:19 PM  
**Attachments:** Showing of Interest - Service Unit.pdf  
2020\_11\_18 PERC Certificate-of-Service.pdf  
OMC Case Management - CMAs PERC Representation Petition 11.17.20.pdf  
OMC-Service-Dietary-2017-2021.pdf  
Service & Dietary Representation Petition Attachment.pdf

---

This message has originated from an External Source. Please use caution when opening attachments, clicking links, or responding to this email. Contact your desktop support or IT security staff for assistance and to report suspicious messages.

Hello,

Please find the following attached:

1. OMC Case Management - CMAs PERC Representation Petition
2. OMC-Service-Dietary CBA 2017-2021
3. Service & Dietary Representation Petition Attachment
4. Showing of Interest - Service Unit
5. 2020\_11\_18 PERC Certificate-of-Service

Thank you!

Trey Stinson-Smiley  
(She/her/them)  
Legal Assistant

**SEIU Healthcare**

Office: 425-917-1199 ext. 1329 | [TreyS@seiu1199nw.org](mailto:TreyS@seiu1199nw.org) | fax: 425-917-9707