



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. 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- RN-LPN Bargaining Unit
Olympic Medical Center, Case Management RNs & MSWs

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:

14 new and 225 existing

Description of Existing and Proposed Bargaining Unit: Petitioner is seeking inclusion of Clinical Documentation Specialists, Nurse Care Managers, Social Work Care Managers, and Utilization Management Nurses in the existing RN-LPN Bargaining Unit.

Included: Full time, regular part-time and on-call/per-diem Registered Nurses/ Licensed Practical Nurses/ Clinical Documentation Specialist I & II/ Nurse Care Manager I, II & III/ Social Work Care Manager I & II/ Utilization Management Nurse I & II

Excluded: excluding supervisors, managers, or any nurses employed as supervisors or in management, or as a CRNA, 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: RE: Representation Petition
Date: Wednesday, November 18, 2020 12:40:07 PM
Attachments: 2020_11_18 PERC Certificate-of-Service.pdf
OMC Case Management - RNs & MSWs PERC Representation Petition 11.17.20.pdf
OMC-RN-LPN CBA 2017-2021.pdf
RN-LPN Representation Petition Attachment.pdf
Showing of Interest - RN(LPN) Unit.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. RNs & MSWs PERC Representation Petition
2. OMC-RN-LPN CBA 2017-2021
3. RN-LPN Representation Petition Attachment
4. Showing of Interest - RN(LPN) 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 | fax: 425-917-9707