



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER State of Washington
 Contact Franklin Plaistowe
 Title OFM, Assistant Director, HR Division
 Address P.O Box 43113
 City, State, ZIP Olympia, WA. 98504
 Telephone 360-407-4104 Ext. _____
 Email franklin.plaistowe@ofm.wa.gov

PETITIONER WA INTERPRETERS
 Contact Juan Medina Bloise
 Title President
 Address P.O Box 584
 City, State, ZIP Auburn, WA. 98071
 Telephone 206-317-7524 Ext. _____
 Email independentniunion@waiterpreters.org

CURRENT BARGAINING REPRESENTATIVE
 If one exists N/A
 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 L&I Language Access Providers
Number of Employees in Bargaining Unit Unknown

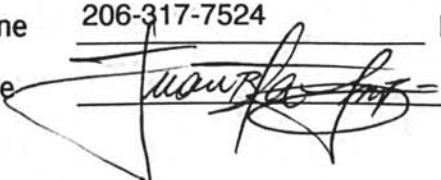
Describe the existing or proposed bargaining unit:
 The statewide unit of language access providers as defined by RCW 41.56.030(11), who provide spoken language interpreter services for injured workers or crime victims receiving benefits from the Department of Labor and Industries.

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 N/A

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>Juan Medina Bloise</u>	Title	<u>President</u>
Address	<u>P.O Box 584</u>	City, State, ZIP	<u>Auburn, WA. 98071</u>
Telephone	<u>206-317-7524</u> Ext. _____	Email	<u>independentniunion@waiterpreters.org</u>
Signature		Date	<u>11/20/2020</u>

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

WA INTERPRETERS

Petitioner/Complainant/Filing Party

v.

State of Washington

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

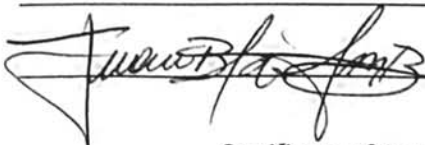
I certify that I served a copy of this (*title of document*) Representation Petition
on all parties or their counsel of record on (*date*) 11/20/2020

To:	Name	Franklin Plaistowe		
	Organization	Office of Financial Management	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	P.O Box 43113	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Olympia, WA. 98504	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	franklin.plaistowe@ofm.wa.gov		
	Fax			
To:	Name			
	Organization	Public Employment Relations Commission	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	P.O Box 40919	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Olympia, WA. 98504	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	filing@perc.wa.gov		
	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 11/20/2020

Print Name Juan Medina Bloise

Signature 



From: [WA INTERPRETERS](#)
To: [PERC Filing \(PERC\)](#)
Cc: [alex gonzalez](#); [Juan Bloise](#); [Leeana Lara](#); [Lepe, Anastacio](#); [Rosa E Birrueta](#); [Veronica Mendez](#)
Subject: Election filing for L&I Interpreters from WA INTERPRETERS.
Date: Friday, November 20, 2020 9:14:36 PM
Attachments: PERC Filing Docs.pdf
WA INTERPRETERS signed cards 1.pdf
WA INTERPRETERS signed cards 2.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.

Dear PERC officials,

Please see the attached documents to find our representation petition for L&I Interpreters, and the certificate of service, along with all the showing of interest cards.

Please expect more emails shortly after this one, with more authorization cards. These files are simply too big to send in one single email. Thank you for your consideration.

Blessings,

Juan Medina Bloise

WA INTERPRETERS

<https://www.wainterpreterslni.org/>

IndependentLNUnion@wainterpreters.org

206-317-7524

[WeAreInterpreters#WAStrongAndIndependent#ElSolSaleParaTodos](#)

