



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER University of Washington
 Contact Banks Evans
 Title Asst. VP, Human Resources
 Address 4300 Roosevelt Way NE
 City, State, ZIP Seattle, WA 98105
 Telephone 206-221-4465 Ext. _____
 Email bankse@uw.edu

PETITIONER SEIU Local 925
 Contact Sarah Bright
 Title Organizing Director
 Address 1914 N. 34th St. Suite 100
 City, State, ZIP Seattle, WA 98103
 Telephone 206-322-3010 Ext. 322
 Email brights@seiu925.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 UWMC and clinics
Number of Employees in Bargaining Unit 26
Describe the existing or proposed bargaining unit:


All full time and regular part time nonsupervisory Dietitians 1 & 2 employed by the University of Washington at hospitals and clinics operated by the University of Washington at the University of Washington Medical Center.

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 Sarah Bright Title Organizing Director
 Address 1914 N. 34th St. Suite 100 City, State, ZIP Seattle, WA 98103
 Telephone 206-322-3010 Ext. 322 Email brights@seiu925.org
 Signature  Date 11/24/2020

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

SEIU Local 925

Petitioner/Complainant/Filing Party

v.

University 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*) 11/24/2020

To:	Name	Banks Evans			
	Organization	University of Washington	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address	4300 Roosevelt Way NE	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP	Seattle, WA 98105	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email	bankse@uw.edu			
	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 11/24/2020

Print Name Sarah Bright

Signature 



From: [Sarah Bright](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [de la Rosa, Dario \(PERC\)](#); [Karen Hart](#)
Subject: Representation petition
Date: Tuesday, November 24, 2020 11:40:46 AM
Attachments: Dietitian packet for PERC.pdf

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Hello,

Attached please find a Representation Petition, membership cards, and a Certificate of Service.

Thank you,

Sarah Bright
she/her/hers
Organizing Director
SEIU Local 925
Cell: 253-297-9149
Office: 206-322-3010 x322
Email: sbright@seiu925.org

“Life is a hard battle anyway. If we laugh and sing a little as we fight the good fight of freedom, it makes it all go easier. I will not allow my life’s light to be determined by the darkness around me.”

-Sojourner Truth