



# REPRESENTATION PETITION

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

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

**EMPLOYER** Dept. of Social an Health Services  
 Contact Melanie Schwent  
 Title Labor Relations Administrator  
 Address PO Box 45830  
 City, State, ZIP Olympia, WA 98504  
 Telephone 360-790-1008 Ext. \_\_\_\_\_  
 Email schwemi@dshs

**PETITIONER** WA. Federation of State Employees  
 Contact Herb Harris  
 Title Coordiantor of PERC Activities  
 Address 1212 Jefferson St. SE # 300  
 City, State, ZIP Olympia, WA 98501  
 Telephone 360-352-7603 Ext. \_\_\_\_\_  
 Email herbh@wfse.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** Office of Deaf & Harof Hearing  
**Number of Employees in Bargaining Unit** 7300 add 10

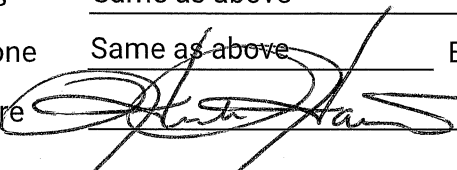
**Describe the existing or proposed bargaining unit:**  
 Adding 10 employees who work in the DSHS Office of Deaf and Hard of Hearing to the Economic and Social Services non-supervisory bargaining unit, last described in PERC decision 12783

**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>Herb Harris</u>	Title	<u>Coordinator of PERC Activities</u>
Address	<u>Same as above</u>	City, State, ZIP	<u>Same as above</u>
Telephone	<u>Same as above</u> Ext. _____	Email	<u>Same as above</u>
Signature		Date	<u>3/30/2021</u>



**STATE HEADQUARTERS OFFICE**

1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501-2332  
800-562-6002 • www.wfse.org

March 30, 2021

Michael Sellars, Executive Director  
Public Employment Relations Commission  
PO Box, WA 98504-0919

Dear Mr. Sellars:

This position is filed under WAC 391-25-440, the Self Determination rule.

We are hereby filing a request to be certified as the exclusive bargaining representative for certain civil service employees at the Department of Social and Health Services.

We are filing to add the Office of Deaf and Hard of Hearing to the DSHS Economic and Social Services non-supervisory bargaining unit.

Our records show that we have signed authorization cards from a majority of employees in this unit and ask that a cross check of employment records is conducted.

Thank you for your attention to the request.

Sincerely,

A handwritten signature in black ink, appearing to read "Herb Harris". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Herb Harris  
Coordinator of PERC Activities

**OLYMPIA FIELD OFFICE**  
906 Columbia St. SW, Suite 500  
Olympia, WA 98501

**SEATTLE FIELD OFFICE**  
6363 7th Ave. S., Suite 220  
Seattle WA, 98108-3407

**SPOKANE FIELD OFFICE**  
222 W. Mission Ave., Suite 201  
Spokane, WA 99201-2301

**TACOMA FIELD OFFICE**  
6003 Tacoma Mall Blvd.  
Tacoma, WA 98409-6826

CALL CENTER: 833-MCC-WFSE (833-622-9373)

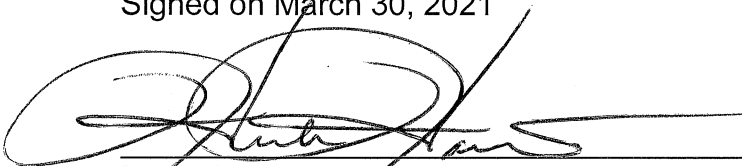
## Certificate of Service

Department of Social and Health Services  
Self Determination Petition

As per PERC Commission requirements and WAC 391-08-120(4), I, Herb Harris do certify that the following facts regarding servicing of the representation petition is true.

On March 30, 2021 I sent via email, a copy of the petition to Melanie Schwent, DSHS/LR and Franklin Plaistowe, OFM/HR. To the best of my knowledge and belief these are the representatives of the other parties that would need to be notified to fulfill our obligation under WAC 391-08-120(4).

Signed on March 30, 2021

A handwritten signature in black ink, appearing to read 'Herb Harris', is written over a horizontal line. The signature is stylized with large loops and a long horizontal stroke extending to the right.

Herb Harris  
Coordinator of PERC Activities

**From:** [Herb Harris](#)  
**To:** [PERC Filing \(PERC\)](#); [Schwent, Melanie \(DSHS/HRD\)](#); [Plastowe, Franklin \(OFM\)](#)  
**Cc:** [Perc](#)  
**Subject:** New Rep petition  
**Date:** Tuesday, March 30, 2021 12:27:55 PM  
**Attachments:** wfse\_gg\_19-21\_cba.pdf  
Petition.pdf

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External Email

Dear parties, please find attached a new representation petition.  
If you have any problems opening the attachments, please let me know.

Herb

Herb Harris  
Coordinator of PERC Activities  
(360) 352-7603  
1-800-562-6002  
[herbh@wfse.org](mailto:herbh@wfse.org)