



# REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☒ No If yes, enter the case number: \_\_\_\_\_**PARTIES** Include information for all parties involved.

**EMPLOYER** Whatcom County  
Contact Karen Goens  
Title HR Director  
Address 311 Grand Ave, Suite 107  
City, State, ZIP Bellingham, WA 98225  
Telephone 360-778-5300 Ext. \_\_\_\_\_  
Email KGoens@co.whatcom.wa.us

**PETITIONER** WSCCCE, Council 2, AFSCME

Contact Bill Keenan  
Title Director of Organizing  
Address P.O. Box 750  
City, State, ZIP Everett, WA 98275-0750  
Telephone 425-864-6619 Ext. \_\_\_\_\_  
Email bilk@council2.com

**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** Public Defenders**Number of Employees in Bargaining Unit** 17**Describe the existing or proposed bargaining unit:**

All Whatcom County Public Defenders excluding Supervisors, Confidential Employees and all other Whatcom County Employees

**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 Bill Keenan Title Director of Organizing  
Address P.O. Box 750 City, State, ZIP Everett, WA 98206-0750  
Telephone 425-864-6619 Ext. \_\_\_\_\_ Email bilk@council2.com  
Signature [Signature] Date 4/16/21

**From:** [Copier](#)  
**To:** [Bill Keenan](#)  
**Subject:** Message from "RNP5838794A5B99"  
**Date:** Friday, April 16, 2021 4:22:53 PM  
**Attachments:** 20210416162533540.pdf

---

This E-mail was sent from "RNP5838794A5B99" (IM 7000).

Scan Date: 04.16.2021 16:25:33 (-0700)

Queries to: [copier@council2.com](mailto:copier@council2.com)

**From:** [Bill Keenan](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Cc:** [Joe Downes](#); [Chris Dugovich](#)  
**Subject:** Whatcom County Public Defenders  
**Date:** Friday, April 16, 2021 4:25:52 PM  
**Attachments:** AFSCME CERTS.pdf  
Message from RNP5838794A5B99.msg

---

External Email

Attached is a Representation Petition for Whatcom County Public Defenders.

Bill Keenan  
Director of Organizing  
WSCCCE/Council 2  
425-303-8818 x 227  
425-303-8906 fax  
[bilk@council2.com](mailto:bilk@council2.com)

