



REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☒ No

If yes, enter the case number: _____

PARTIES Include information for all parties involved.

EMPLOYER Town of Cathlamet
Contact Dale Jacobson
Title Mayor
Address 330 2nd St.
City, State, ZIP Cathlamet, WA 98612
Telephone 360-795-3203 Ext. _____
Email aeidj@yahoo.com

PETITIONER WSCCCE, Council 2, AFSCME
Contact 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

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 All employees

Number of Employees in Bargaining Unit 7

Describe the existing or proposed bargaining unit:

All employees of the City of Cathlamet excluding supervisors and confidential employees.

Collective Bargaining Agreement (CBA):

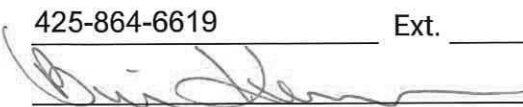
If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.

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		Date	4/19/21

From: [Copier](#)
To: [Bill Keenan](#)
Subject: Message from "RNP5838794A5B99"
Date: Monday, April 19, 2021 5:55:23 PM
Attachments: 20210419175806395.pdf

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

Scan Date: 04.19.2021 17:58:06 (-0700)

Queries to: copier@council2.com

From: [Bill Keenan](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Larry Clark](#); [Chris Dugovich](#); [Bill Keenan](#)
Subject: Representation Petition
Date: Monday, April 19, 2021 5:57:18 PM
Attachments: Message from RNP5838794A5B99.msg

External Email

Attached you will find a Represenatation Petition for the Town of Cathlamet.

Bill Keenan
Director of Organizing
WSCCCE/Council 2
425-303-8818 x 227
425-303-8906 fax
bilk@council2.com

