



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER City of Seattle

Contact Jana Sangy

Title Director of Labor Relations

Address 700 5th Ave, Suite 5500

City, State, ZIP Seattle, WA 98104

Telephone (206) 684-7912 Ext. _____

Email jana.sangy@seattle.gov

PETITIONER Prof. & Tech. Employees Local 17

Contact Xuan-Trang Tran-Thien

Title Organizer

Address 2900 Eastlake Ave E, Suite 300

City, State, ZIP Seattle, WA 98102

Telephone (206) 328-7321 Ext. 106

Email tran-thien@protec17.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 _____

Number of Employees in Bargaining Unit 1

Describe the existing or proposed bargaining unit:

All regular, probationary and temporary employees whose job classification is Victim Advocate Supervisor to be added to the existing PROTEC17 bargaining unit included in the Collective Bargaining Agreement - Appendix D - Senior Professional Unit.

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 December 31, 2021

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>Xuan-Trang Tran-Thien</u>	Title	<u>Organizer</u>
Address	<u>2900 Eastlake Ave E, Suite 300</u>	City, State, ZIP	<u>Seattle, WA 98102</u>
Telephone	<u>(206) 328-7321</u> Ext. <u>106</u>	Email	<u>tran-thien@protec17.org</u>
Signature	<u>/s/Xuan-Trang Tran-Thien</u>	Date	<u>May 7, 2021</u>

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

Professional & Technical Employees Local
17 (PROTEC17)

Petitioner/Complainant/Filing Party

v.

City of Seattle

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

I certify that I served a copy of this (*title of document*) Representation Petition (Victim Advocate Support)
on all parties or their counsel of record on (*date*) 05/07/2021

To:	Name	Jana Sangy		
	Organization	City of Seattle	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	700 5th Ave, Suite 5500	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Seattle, WA 98104	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	jana.sangy@seattle.gov		
	Fax	(206) 684-4157		
To:	Name	Lance King		
	Organization	City of Seattle	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	700 5th Ave, Suite 5500	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Seattle, WA 98104	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	lance.king@seattle.gov		
	Fax	(206) 684-4157		
To:	Name	Amy Ardena		
	Organization	City of Seattle	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	700 5th Ave, Suite 5500	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Seattle, WA 98104	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	amy.ardena@seattle.gov		
	Fax	(206) 684-4157		

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 May 7, 2021

Print Name Xuan-Trang Tran-Thien

Signature /s/Xuan-Trang Tran-Thien



From: [Xuan-Trang Tran-Thien](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Shaun Van Eyk](#)
Subject: Representation Petition - PROTEC17 & City of Seattle
Date: Friday, May 7, 2021 4:22:21 PM
Attachments: Rep Petition CS Victim Advocate Supvr 20210507.pdf
CoS CS Victim Advocate Supvr 20210507.pdf
PROTEC17 CBA with City of Seattle Effective thru 20211231.pdf
Union Authorization Cards.pdf

External Email

Included in this email:

1. Representation Petition
2. Certificate of Service
3. Union Authorization Cards
4. Collective Bargaining Agreement

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Xuan-Trang Tran-Thien (she/her/hers)

PROTEC17 Organizer

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