



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER LaCrosse School District
 Contact Doug Curtis
 Title Superintendent
 Address 111 Hill Ave
 City, State, ZIP LaCrosse, WA 99143
 Telephone (509)549-3591 Ext. _____
 Email dcurtis@lacrossesd.k12.wa.us

PETITIONER LaCrosse School District Faculty
 Contact Matthew Wysock
 Title President
 Address 111 Hill Ave
 City, State, ZIP LaCrosse, WA 99143
 Telephone (509)553-2191 Ext. _____
 Email wysock.science@gmail.com

CURRENT BARGAINING REPRESENTATIVE

If one exists None
 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 Classified Staff
Number of Employees in Bargaining Unit 16
Describe the existing or proposed bargaining unit:
Classified Staff

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 Matthew Wysock Title President
 Address 2002 Hilty Rd City, State, ZIP Colfax, WA 99111
 Telephone (509)553-2191 Ext. _____ Email wysock.science@gmail.com
 Signature *Matthew Wysock* Date 6/7/21

From: [Matt wysock](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Petition, LaCrosse
Date: Wednesday, June 23, 2021 4:41:02 PM
Attachments: LaCrosse Representation Petition.pdf
Cards.pdf

External Email

To Whom it May Concern:

I am attaching a petition to include an unrepresented group of classified employees in the LaCrosse School District Faculty union. I am also attaching a pdf of signed cards from these employees.