



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER North Central Washington Libraries
 Contact Erin McCool
 Title Attorney
 Address One Fifth Street, Suite 200
 City, State, ZIP Wenatchee, WA 98801
 Telephone 509-662-1954 Ext. _____
 Email emccool@omwlaw.com

PETITIONER WSCCCE, Council 2, AFSCME
 Contact Bill Keenan
 Title Director of Oganizing
 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 Area Managers
Number of Employees in Bargaining Unit 7

Describe the existing or proposed bargaining unit:
 All area managers excluding confidential employees and all other employees of NCW Libraries

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 8/10/21

From: [Copier](#)
To: [Bill Keenan](#)
Subject: Message from "RNP5838794A5B99"
Date: Tuesday, August 10, 2021 2:14:32 PM
Attachments: 20210810141821435.pdf

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

Scan Date: 08.10.2021 14:18:21 (-0700)

Queries to: copier@council2.com

From: [Bill Keenan](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Bill Keenan](#)
Subject: Representation Petition
Date: Tuesday, August 10, 2021 2:19:30 PM
Attachments: Message from RNP5838794A5B99.msg

External Email

Attached you will find a representation petition for the Area Managers of North Central Washington Libraries.

Thank You.

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

