



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Western Washington University
 Contact Chyerl Wolfe-Lee
 Title VP of Human Ressources
 Address 516 High Street MS9054
 City, State, ZIP Bellingham, WA 98225
 Telephone 360-650-3630 Ext. _____
 Email cheryl.wolfe-lee@www.edu

PETITIONER FOP Matt Herzog Lodge #24
 Contact A.W. McGehee
 Title NFOP Labor specialist
 Address 9002 186th Ave apt A-102
 City, State, ZIP Bonney Lake, WA 98391
 Telephone 253-405-7698 Ext. _____
 Email awmcgehee@fop.net

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 Police Department
Number of Employees in Bargaining Unit 3
Describe the existing or proposed bargaining unit:

" All supervisory uniformed personnel employed by Western Washington University, excluding confidential employees, nonsupervisory employees, and all other 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 06/03/2021

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 A.W. Buster McGehee Title NFOP Labor Specialist
 Address _____ City, State, ZIP _____
 Telephone 253-405-7698 Ext. _____ Email awmcgehee@fop.net
 Signature Date September 7th, 2021

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

Fraternal Order of Police Matt Herzop
Lodge #24

Petitioner/Complainant/Filing Party

v.

Western Washington University

Respondent/Responding Party

Case Number 134359-E-21

CERTIFICATE OF SERVICE

I certify that I served a copy of this (*title of document*) Certificate of representation
on all parties or their counsel of record on (*date*) September 7th, 2

To:	Name	Cheryl Wolfe-Lee		
	Organization	WWU	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	516 High Street	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Bellingham, WA 98225	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	cheryl.wolfe-lee@wwu.edu		
	Fax			
To:	Name	Lea Aune		
	Organization	WWU	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	aunejol@wwu.edu		
	Fax			
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email			
	Fax			

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 Sept. 7th, 2021

Print Name A.W Buster McGehee

Signature _____



From: [Buster McGehee](#)
To: [PERC Filing \(PERC\)](#)
Cc: [Wolfe-Lee, Chyerl](#); [Lea Aune](#)
Subject: Representation WWU Police supervisors Petition recognition
Date: Tuesday, September 7, 2021 11:40:04 AM
Attachments: image001.png
PERC petition WWU supervisors 9-7-2021.pdf

External Email

PERC Filing

Please find attached the following documents. Recognition petition and Certificate of Service.

Please contact me if you have any questions.

Thank you,



Buster McGehee
Labor Specialist
National Fraternal Order of Police
253-405-7698
awmcgehee@fop.net

WARNING

This email message, and any attachments hereto, Contains privileged and confidential information intended only for the use of the person named above. If the reader or recipient of this message is not the individual or entity named above, or the employee or person responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited by law and by the sender. If you have received this communication in error, please immediately notify the sender by email, awmcgehee@fop.net or by phone, (253) 405-7698, and delete this message and all attached files.