



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Franklin County

Contact James Raymond

Title Sheriff

Address 1016 N 4th Ave. D201

City, State, ZIP Pasco, WA 99301

Telephone 509-545-3565 Ext. _____

Email jraymond@co.franklin.wa.us

PETITIONER FCSO Support Staff Guild/Washington Fraternal Order of Police

Contact Jim David

Title Attorney

Address Box 61912

City, State, ZIP Vancouver WA 98666

Telephone 360-524-2009 Ext. _____

Email Jim.David@wafop.com

CURRENT BARGAINING REPRESENTATIVE United Steelworkers International Union Local 12-369

If one exists _____

Contact Bill Collins

Title President, USW Local 12-369

Address 797 Stevens Drive

City, State, ZIP Richland, WA 99352

Telephone 509-713-7780 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 Sheriff Support Staff

Number of Employees in Bargaining Unit 8

Describe the existing or proposed bargaining unit:

All full-time and regular part time Sheriff's Support Specialist Employees of the Franklin County Sheriff's Office.

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>Jim David</u>	Title	<u>Attorney</u>
Address	<u>Box 61912</u>	City, State, ZIP	<u>Vancouver WA 98666</u>
Telephone	<u>360-524-2009</u> Ext. _____	Email	<u>Jim.David@wafop.com</u>
Signature		Date	<u>October 17, 2021</u>

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION STATE OF WASHINGTON

FCSO Support Staff Guild/Washington
Fraternal Order of Police

Petitioner/Complainant/Filing Party

v.

Franklin County

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE


I certify that I served a copy of this (*title of document*) Petition for Change of Representation
on all parties or their counsel of record on (*date*) October 17, 2021

To:	Name	James Raymond		
	Organization	Franklin County Sheriff	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	1016 N 4th Ave. D201	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Pasco WA 99301	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	jraymond@co.franklin.wa.us		
	Fax			
To:	Name	Bill Collins		
	Organization	USW - Local 12-369	<input type="checkbox"/> E-mail	<input checked="" type="checkbox"/> First Class U.S. Mail
	Address	797 Stevens Drive	<input checked="" type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Richland, WA 99352	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email			
	Fax	509-713-7783		
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 October 17, 2021

Print Name James David

Signature 



From: [Jim David](#)
To: [PERC Filing \(PERC\)](#)
Subject: FW: Representation Petition - Franklin County Sheriff Support Staff Guild
Date: Sunday, October 17, 2021 9:29:27 PM
Attachments: Certificate of Service.pdf
October 17.docx
Petition.pdf
Interest Cards.pdf

External Email

Please see the attached Petition to Change Representation brought by the Franklin County Sheriff Support Staff Guild (FCSO Support Staff Guild)/Washington Fraternal Order of Police.

Jim David
Attorney | General Counsel
Washington Fraternal Order of Police
WSBA 13754 | OSB 172814

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Box 61912
Vancouver WA 98666

Office: 360-524-2009
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