



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 Library

Contact Erin McColl

Title Attorney

Address One Fifth Street, Suite 200

City, State, ZIP Wenatchee, WA 98801

Telephone 509-662-1952 Ext. _____

Email emccool@omwlaw.com

PETITIONER WSCCCE, Council2, AFSCME

Contact Bill Keenan

Title Director of Organizing

Address P.O. Box 750

City, State, ZIP Everett, WA 98206-0750

Telephone 425-864-6619 Ext. _____

Email _____

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 Managers and Supervisors

Number of Employees in Bargaining Unit 13

Describe the existing or proposed bargaining unit:

All managers and supervisors excluding confidential employees and all other employees of NCWL.

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 3-11-22

From: [Copier](#)
To: [Bill Keenan](#)
Subject: Message from "RNP5838794A5B99"
Date: Friday, March 11, 2022 1:08:06 PM
Attachments: 20220311131501225.pdf

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

Scan Date: 03.11.2022 13:15:01 (-0800)

Queries to: copier@council2.com

From: [Bill Keenan](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Ed Stemler](#); [Chris Dugovich](#)
Subject: Representation Petition
Date: Friday, March 11, 2022 2:09:12 PM
Attachments: Message from RNP5838794A5B99.msg

External Email

Attached you will find a Representation Petition for North Central Washington Library.

Sincerely,

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

