



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Dept. of Social and Health Services
 Contact Peggy Pulse
 Title DSHS Labor Relations Administrator
 Address 1115 Washington Street SE
 City, State, ZIP Olympia, WA 98504
 Telephone 360-352-7603 Ext. _____
 Email margaret.pulse@dshs.wa.gov

PETITIONER Wash. Federation of State Employees
 Contact Herb Harris
 Title Manager of PERC Activities
 Address 1212 Jefferson St. SE Ste. 300
 City, State, ZIP Olympia, WA 98501
 Telephone 360-3527603 Ext. _____
 Email herbh@wfse.org

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 AL TSA

Number of Employees in Bargaining Unit 3500

Describe the existing or proposed bargaining unit:

Adding six (6) Office Service Manager 1 positions in the AL TSA Administration to the Economic and Social Services non-supervisory bargaining unit.

Collective Bargaining Agreement (CBA):

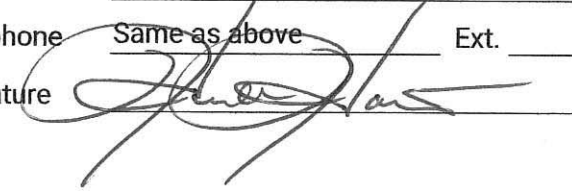
If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.

CBA Expiration Date On file

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 Herb Harris Title Manager of PERC Activities
 Address Same as above City, State, ZIP Same as above
 Telephone Same as above Ext. _____ Email herbh@wfse.org
 Signature  Date 4/06/2022



STATE HEADQUARTERS OFFICE

1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501-2332
800-562-6002 • www.wfse.org

May 6, 2022

Michael Sellars, Executive Director
Public Employment Relations Commission
PO Box, WA 98504-0919

Dear Mr. Sellars:

This position is filed under WAC 391-25-440, the Self Determination rule.

We are hereby filing a request to be certified as the exclusive bargaining representative for certain civil service employees at the Department of Social and Health Services.

We are filing to add the Office Service Manager 1's positions in the ALTSA Administration into the DSHS Economic and Social Services non-supervisory bargaining unit.

Our records show that we have signed authorization cards from a majority of employees in this unit and ask that a cross check of employment records is conducted.

Thank you for your attention to the request.

Sincerely,

A handwritten signature in black ink, appearing to read "Herb Harris". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Herb Harris
Manager of PERC Activities

OLYMPIA FIELD OFFICE
906 Columbia St. SW, Suite 500
Olympia, WA 98501

SEATTLE FIELD OFFICE
6363 7th Ave. S., Suite 220
Seattle WA, 98108-3407

SPOKANE FIELD OFFICE
222 W. Mission Ave., Suite 201
Spokane, WA 99201-2301

TACOMA FIELD OFFICE
6003 Tacoma Mall Blvd.
Tacoma, WA 98409-6826

CALL CENTER: 833-MCC-WFSE (833-622-9373)

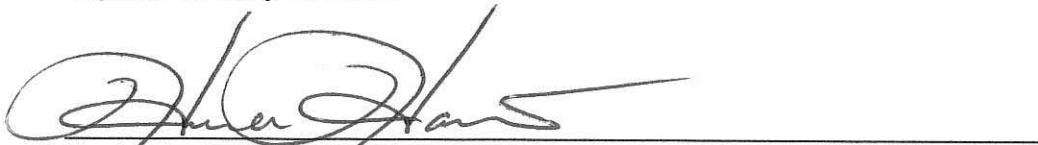
Certificate of Service

Department of Social and Health Services
Self Determination Petition

As per PERC Commission requirements and WAC 391-08-120(4), I, Herb Harris do certify that the following facts regarding servicing of the representation petition is true.

On May 6, 2022 I sent via email, a copy of the petition to Peggy Pulse, DSHS/LR and Franklin Plaistowe, OFM/HR. To the best of my knowledge and belief these are the representatives of the other parties that would need to be notified to fulfill our obligation under WAC 391-08-120(4).

Signed on May 6, 2022

A handwritten signature in black ink, appearing to read "Herb Harris", is written over a solid horizontal line.

Herb Harris
Manager of PERC Activities

From: [Herb Harris](#)
To: [PERC, Filing \(PERC\)](#); [Pulse, Peggy \(DSHS/OOS/HRD\)](#); [Plastowe, Franklin \(OFM\)](#)
Cc: [Tim Tharp](#); [Benjamin Peterson](#); [Kunze, Leanne \(PEBB Board\)](#); [Chris Chapek](#); [Kurt Spiegel](#)
Subject: New Representation Petition
Date: Friday, May 6, 2022 2:32:38 PM
Attachments: Petition.pdf

External Email

Hello

Please find attached a copy of a Representation Petition to add the Office Service Manager 1's in the ALTA Administration at DSHS to the non-supervisory Economic and Social Services bargaining unit.

If you have any trouble opening the document, please let me know immediately.

A second email will be sent to PERC with the showing of interest.

Thank you,
Herb

Herb Harris
Manager of PERC Activities
(360) 352-7603
1-800-562-6002
herbh@wfse.org