



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER University of Washington
 Contact Banks Evans
 Title Asst. VP, Human Resources
 Address 4300 Roosevelt Way NE
 City, State, ZIP Seattle WA 98105
 Telephone 206-221-4465 Ext. _____
 Email bankse@uw.edu

PETITIONER SEIU Local 925
 Contact Rose Powers
 Title Organizer
 Address 1914 N. 34th St. Suite 100
 City, State, ZIP Seattle, WA 98103
 Telephone 415-439-9895 Ext. _____
 Email rpowers@seiu925.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 UWMC and Clinics
Number of Employees in Bargaining Unit 92


Describe the existing or proposed bargaining unit:
 All full time and regular part time nonsupervisory Social Workers (1 and 2) employed by the University of Washington at hospitals and clinics operated by the University of Washington at the University of Washington Medical Center.

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 n/a

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 Sarah Bright Title Organizing Director
 Address 1914 N. 34th St. Suite 100 City, State, ZIP Seattle, WA 98103
 Telephone 206-322-3010 Ext. 302 Email sbright@seiu925.org
 Signature  Date 6/3/2022

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

SEIU Local 925

Petitioner/Complainant/Filing Party

v.

University of Washington

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

I certify that I served a copy of this (*title of document*) Representation Petition
on all parties or their counsel of record on (*date*) 6/3/2022

To:	Name	Banks Evans		
	Organization	University of Washington	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	4300 Roosevelt Ave NE	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Seattle, WA, 98105	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	bankse@uw.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			
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 6/3/2022

Print Name Rose Powers

Signature 



From: [Rose Powers](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Sarah Bright; de la Rosa, Dario \(PERC\)](#)
Subject: Representation Petition - UW Social Workers
Date: Friday, June 3, 2022 3:32:47 PM
Attachments: UWSW Cards.pdf
Petition and Certificate of Service.pdf

External Email

Hello!

Attached please find a petition, certificate of service and 46 cards.
Thank you for the work you do.

Sincerely,

Rose Powers
Growth Organizer SEIU 925
rpowers@seiu925.org
415-439-9895