



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER King County

Contact Megan Pederson

Title Director of Labor Relations

Address 401 5th Avenue, Suite 850

City, State, ZIP Seattle, WA 98104-2372

Telephone 206.263.2898 Ext. _____

Email Megan.Pedersen@kingcounty.gov

PETITIONER PROTEC17

Contact Jessica Olivas

Title Organizer

Address 2900 Eastlake Ave E, Suite 300

City, State, ZIP Seattle, WA

Telephone 800.783.0017 Ext. 122

Email jessica@protec17.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 Jail Health Services- Diversion Program

Number of Employees in Bargaining Unit 5

Describe the existing or proposed bargaining unit:

All full-time and regular part-time nonsupervisory employees in Jail Health Services- Diversion Program to be added to the existing PROTEC17 bargaining unit included in the Collective Bargaining Agreement (315 employees)- Health Professional, Technical Unit (C9A).

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 12/31/24

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 Jessica Olivas Title Organizer

Address 2900 Eastlake Ave E, Suite 300 City, State, ZIP Seattle, WA 98102

Telephone 800.783.0017 Ext. 122 Email jessica@protec17.org

Signature Date 6/28/22

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

Petitioner/Complainant/Filing Party
v.

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)* 6/28/22

To:	Name Organization Address City, State, ZIP Email Fax	Megan Pederson King County 401 5th Avenue, Suite 850 Seattle, WA 98104-2372 Megan.Pedersen@kingcounty.gov	<input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery	<input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Registered U.S. Mail
To:	Name Organization Address City, State, ZIP Email Fax		<input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery	<input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Registered U.S. Mail
To:	Name Organization Address City, State, ZIP Email Fax		<input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery	<input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Registered U.S. Mail

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 6/28/22

Print Name Jessica Olivas

Signature 



From: [Jessica Olivas](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Paul Marvy](#)
Subject: PROTEC17 Representation Petition for King County Employees- Jail Health Services, Diversion Program
Date: Tuesday, June 28, 2022 3:25:58 PM
Attachments: RP- Certificate of Service.pdf
Jail Health- forms .pdf

External Email

Good afternoon,

Please find attached PROTEC17's Representation Petition for employees at the King County Jail Health Services- Diversion Program, along with authorization forms demonstrating a showing of interest.

Please let me know if you have any questions,

Thank you,

Jessica Olivas

PROTEC17 Organizer

Phone: 800.783.0017 ext. 122

[Email: jessica@pte17.org](mailto:jessica@pte17.org)

Fax: 206-328-7402

PROTEC17 is a member-powered union inspiring action, advancing equity, and building community.