



# REPRESENTATION PETITION

Is this an amended petition?  Yes  No If yes, provide the case number: \_\_\_\_\_

## PARTIES Include information for all parties involved.

**EMPLOYER** Pacific County

Contact Robin Souvenir

Title Sheriff

Address 300 Memorial Drive

City, State, ZIP South Bend, WA 98585

Phone 360-875-9395 Ext. \_\_\_\_\_

Email rsouvenir@co.pacific.wa.us

Pacific County Deputy Sheriff's Guild/Washington Fraternal Order of Police

**PETITIONER**

Contact Jim David

Title Attorney

Address Box 126

City, State, ZIP Vancouver WA 98666

Phone 360-859-4000 Ext. \_\_\_\_\_

Email Jim.david@wafop.com

**CURRENT BARGAINING REPRESENTATIVE**

(If One Exists) Teamsters Local 252

Contact Heather Slusher

Title Bargaining Agent

Address 217 E Main Street

City, State, Zip Centralia WA ~~98~~ 98531

Phone 360-736-9979 Ext. \_\_\_\_\_

Email Heather252@teamsters252.org

## TYPE OF REQUEST Select ONE of the following.

- NEW ORGANIZING** to be certified as the representative of employees currently unrepresented.
- ADD UNREPRESENTED EMPLOYEES** to an existing bargaining unit as described in WAC 391-25-440.
- CHANGE REPRESENTATIVE** of existing bargaining unit.
- REMOVE REPRESENTATIVE** of existing bargaining unit.

## BARGAINING UNIT

For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out **both** sections 1 and 2. For a petition to change or remove the representative, fill out section 1.

**SECTION 1—Describe the Existing Bargaining Unit:**  
 All full-time and part-time law enforcement officers of the Pacific County Sheriff's office except those holding the rank of Sheriff or undersheriff, or chief, and excluding communications, clerical staff, and corrections employees

Number of Employees in Existing Unit 11

**SECTION 2—Describe the Proposed Bargaining Unit:**  
 As stated in section 1 above.

Number of Employees in Proposed Unit 11

If a CBA exists, what is the expiration date? 12/31/22

## SHOWING OF INTEREST

A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

## PETITIONER REPRESENTATIVE

Name Jim David

Address Box 126

Phone 360-859-4000 Ext. \_\_\_\_\_

Signature

Title Attorney

City, State, ZIP Vancouver WA 98666

Email Jim.david@wafop.com

Date October 24, 2022

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

Pacific County Deputy Sheriff's Guild/  
Washington Fraternal Order of Police

Petitioner/Complainant/Filing Party

v.

Pacific County, 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*) 10/24/22

To:	Name	Sheriff Robin Souvenir		
	Organization	Pacific County Sheriff	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	300 Memorial Drive	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	South Bend WA 98585	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	rsouvenir@co.pacific.wa.us		
	Fax			
To:	Name	Heather Slusher		
	Organization	Teamsters Local 252	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	217 E. Main Street	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Centralia WA 98531	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	heather252@teamsters252.org		
	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 October 24, 2022

Print Name JAMES DAVID

Signature \_\_\_\_\_



**From:** [Jim David](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Subject:** Change of Representation Petition - Pacific County Sheriff's Office  
**Date:** Monday, October 24, 2022 7:34:14 PM  
**Attachments:** image001.png  
Certificate of Service.pdf  
Signed Cards.pdf  
PERC Petition for change of representation.pdf

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External Email

Please see the attached change of representation petition, certificate of service and an initial batch of signed interest cards.

Jim David  
Attorney

Washington Fraternal Order of Police  
Labor Coalition  
WSBA 13754 | OSB 172814

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