



REPRESENTATION PETITION

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

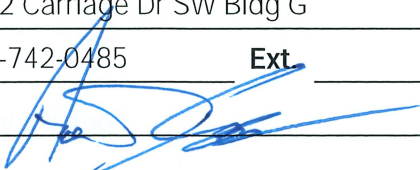
PARTIES Include information for all parties involved.

EMPLOYER Mason General Hospital (Mason Heal
Contact Eric Moll
Title Chief Operating Officer
Address 901 Mountain View Dr
City, State, ZIP Shelton WA 98584
Phone 1-360-426-1611 **Ext.** _____
Email EMoll@masongeneral.com

PETITIONER WSCCCE, Council 2, AFSCME
Contact Aaron Cole
Title Union Representative
Address PO Box 750
City, State, ZIP Everett WA 98206
Phone 425-303-8818 **Ext.** office
Email aaronc@council2.com

CURRENT BARGAINING REPRESENTATIVE
(If One Exists) WSCCCE, Council 2, AFSCME
Contact Aaron Cole
Title Union Representative
Address PO Box 750
City, State, Zip Everett WA 98206
Phone 360-742-0485 **Ext.** cell
Email aaronc@council2.com

PETITIONER REPRESENTATIVE

Name Aaron Cole
Address 2102 Carriage Dr SW Bldg G
Phone 360-742-0485 **Ext.** _____
Signature 

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 Mason Hospital EE's seventeen and one-half (17.5) hou or more per week who are employed in multiple hospital d and classifications; CNA's, dietary, EVS, tech's, secretaries

Number of Employees in Existing Unit 68

SECTION 2—Describe the Proposed Bargaining Unit:

Add all regular 17.5 hr non-rep employees from Facilities C to include all Maintenance, Maintenance Techs, Coordinators/assistants.

Number of Employees in Proposed Unit 9

If a CBA exists, what is the expiration date? 4/1/2025

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.**

Title Union Representative
City, State, ZIP Olympia WA 98502
Email aaronc@council2.com
Date 10/31/2022

1 STATE OF WASHINGTON
2 BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION

3 IN THE MATTER OF:

4 WASHINGTON STATE COUNCIL OF
5 COUNTY AND CITY EMPLOYEES,
6 AFSCME, COUNCIL 2;

7 UNION,

8 vs.

9 MASON HEALTH (MASON GENERAL);
10 EMPLOYER.

CERTIFICATE OF SERVICE

11
12 I, Aaron Cole, an employee of WSCCCE, certify that on this day I emailed true copies of
13 the WSCCCE Notice of Appearance to the following:

14
15 PERC at filing@perc.wa.gov

16 Kevin Keller, HR Director at kkeller@masongeneral.com

17 Eric Moll, CEO, at emoll@masongeneral.com

18 I certify under penalty of perjury under the laws of the State of Washington that the
19 foregoing is true and correct.

20 Dated this 1st day of November, 2022.

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28 Aaron Cole

From: [Aaron Cole](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Kevin Keller](#); emoll@masongeneral.com; [Michael Rainey](#); [Barbara Corcoran](#); [Edward Allan](#); [Bill Keenan](#)
Subject: FW: Representation Petition for Mason General Facilities
Date: Tuesday, November 1, 2022 4:07:19 PM
Attachments: Representation Petition.pdf
1504-H Final signed copy Aug 22 to April 25 CBA.pdf
Certification of Service.pdf

External Email

PERC administrator,

Attached is documents in order to validate a card check for the unrepresented Facilities Dept Employees at Mason Health to join the existing WSCCCE Bargaining Unit. Auth cards will be sent to PERC in another email, following this one, for processing.

The Local 1504 CBA also is attached for review since this is the Contract the Union wishes to accrete the unrepresented employees into.

The typed fields are not converting appropriately in the Petition, so some words are not legible in Section 1 and 2. Please reach out to me when we can move forward to complete this process.

Thank you,

AARON COLE
UNION STAFF REPRESENTATIVE
COUNCIL 2, WASHINGTON STATE COUNCIL OF COUNTY AND CITY EMPLOYEES
WWW.COUNCIL2.COM
OLYMPIA FIELD OFFICE (360)438-7449 (EXT 300)
360-742-0485