



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Ferry County Hospital

Contact Debbie DeCorde

Title COO

Address 36 Klondike Road

City, State, ZIP Republic WA 99166

Phone _____ Ext. _____

Email Debbie.decorde@FCPHD.org

PETITIONER UFCW Local 3000

Contact Maureen Hatton

Title Organizer

Address 5030 1st Ave South Suite 200

City, State, ZIP Seattle WA 98134

Phone 509-340-7404 Ext. _____

Email Mhatton@ufcw3000.org

CURRENT BARGAINING REPRESENTATIVE

(If One Exists) UFCW 3000

Contact Maureen Hatton

Title Organizer

Address 5030 2st Ave South Suite 200

City, State, Zip Seattle WA 98134

Phone 509-340-74704 Ext. _____

Email Mhatton@ufcw3000.org

PETITIONER REPRESENTATIVE

Name Maureen Hatton

Address 5030 1st Ave South Suite 200

Phone 509-340-7404 Ext. _____

Signature Maureen Hatton

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, part-time, and per diem RN's

Number of Employees in Existing Unit 22

SECTION 2—Describe the Proposed Bargaining Unit:

All full-time, part-time, and per diem (PRN) in Dietary, Central Supply, Hospital business office, Lab, Laundry, and Housekeeping, Unit Coordinators, CNA, NAC,

Number of Employees in Proposed Unit 40

If a CBA exists, what is the expiration date? _____

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 Organizer

City, State, ZIP Seattle WA 98134

Email Mhatton@ufcw3000.org

Date Nov. 8th, 2022

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

UFCW Local 3000

Petitioner/Complainant/Filing Party

v.

Ferry Co. Health District (Hospital)

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

I certify that I served a copy of this *(title of document)* PERC Repentation Petition
on all parties or their counsel of record on *(date)* Nov 8th, 2022

| | | | | |
|-----|------------------|-------------------------|--|--|
| To: | Name | Debbie DeCorde | <input checked="" type="checkbox"/> E-mail | <input type="checkbox"/> First Class U.S. Mail |
| | Organization | Ferry Co. Hopsital | <input type="checkbox"/> Fax | <input type="checkbox"/> Certified U.S. Mail |
| | Address | 36 Klondike Rd | <input type="checkbox"/> Hand Delivery | <input type="checkbox"/> Registered U.S. Mail |
| | City, State, ZIP | Republic WA 99166 | | |
| | Email | Debbie.Decorde@FCHD.org | | |
| | Fax | | | |
| To: | Name | | <input type="checkbox"/> E-mail | <input type="checkbox"/> First Class U.S. Mail |
| | Organization | | <input type="checkbox"/> Fax | <input type="checkbox"/> Certified U.S. Mail |
| | Address | | <input type="checkbox"/> Hand Delivery | <input type="checkbox"/> Registered U.S. Mail |
| | City, State, ZIP | | | |
| | Email | | | |
| | Fax | | | |
| To: | Name | | <input type="checkbox"/> E-mail | <input type="checkbox"/> First Class U.S. Mail |
| | Organization | | <input type="checkbox"/> Fax | <input type="checkbox"/> Certified U.S. Mail |
| | Address | | <input type="checkbox"/> Hand Delivery | <input type="checkbox"/> Registered U.S. Mail |
| | City, State, ZIP | | | |
| | 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 Nov 8th, 2022

Print Name Maureen Hatton

Signature *Maureen Hatton*



From: [Maureen Hatton](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Ferry Co. Hospital in Republic WA
Date: Tuesday, November 8, 2022 11:39:49 AM
Attachments: image001.png
20221108112310135.pdf

External Email

Good Afternoon,

Attached is a filing for the Ferry County Hospital in Republic Washington. Filing for the Service and Maintenance unit. The following documents are attached:

1. Representational Petition
2. Certificate of Service
3. Showing of interest cards.

Please let me know if you have any difficulty opening the documents.

Thank you,

Maureen Hatton

Organizer

Phone (509) 340-7404

Fax (509)381-5096

Cell(509) 869-7644

Mhatton@ufcw21.org

"It is literably true that you can succeed best and quickest by helping others to succeed". Napoleon Hill

UFCW3000

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