



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Pierce County

Contact Judy Archer

Title HR Director

Address 950 Fawcett Avenue

City, State, ZIP Tacoma, WA 98402

Phone 253-798-7480 **Ext.** _____

Email pchumanresources@co.pierce.wa.us

PETITIONER WSCCCE, Council 2, AFSCME

Contact Bill Keenan

Title Director of Organizing

Address P.O. Box 750

City, State, ZIP Everett, WA 98206-0750

Phone 425-864-6619 **Ext.** _____

Email bilk@council2.com

CURRENT BARGAINING REPRESENTATIVE

(If One Exists) NA

Contact _____

Title _____

Address _____

City, State, Zip _____

Phone _____ **Ext.** _____

Email _____

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:

Full time and regular part-time employees of the Pierce County Corrections and Detention Center including Correctional Technician and Office Assistant 2.

Number of Employees in Existing Unit 8

SECTION 2—Describe the Proposed Bargaining Unit:

All Pierce County Mental Health Professionals in the Pierce County Sheriffs Department.

Number of Employees in Proposed Unit 3

If a CBA exists, what is the expiration date? 12/31/23

SHOWING OF INTEREST

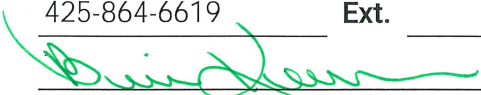
A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

PETITIONER REPRESENTATIVE

Name Bill Keenan

Address P.O. Box 750

Phone 425-864-6619 **Ext.** _____

Signature 

Title Director of Organizing

City, State, ZIP Everett, WA 99206-0750

Email bilk@council2.com

Date 11/18/22

From: [Copier](#)
To: [Bill Keenan](#)
Subject: Message from "RNP5838794A5B99"
Date: Friday, November 18, 2022 5:10:46 PM
Attachments: 20221118172136301.pdf

This E-mail was sent from "RNP5838794A5B99" (IM 7000).

Scan Date: 11.18.2022 17:21:36 (-0800)

Queries to: copier@council2.com

From: [Bill Keenan](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Michael Rainey](#); [Zach Dugovich](#)
Subject: Representation Petition
Date: Friday, November 18, 2022 5:24:53 PM
Attachments: Message from RNP5838794A5B99.msg

External Email

Attached you will find a Representation Petition for the Mental Health Professionals in the PC Sheriff Department.

Sincerely,

Bill Keenan
Director of Organizing
WSCCCE, Council 2, AFSCME