



STATE HEADQUARTERS OFFICE

1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501-2332
800-562-6002 • www.wfse.org

November 23, 2022

Michael Sellars, Executive Director
Public Employment Relations Commission
PO Box, WA 98504-0919

Dear Mr. Sellars:

This position is filed under WAC 391-25-440, the Self Determination rule.

We are hereby filing a request to be certified as the exclusive bargaining representative for certain civil service employees at the Department of Social and Health Services.

We are filing to add the Recreation & Athletics Specialist 4 position at Lakeland Village to the DSHS Institutions Supervisory bargaining unit.

Our records show that we have signed authorization cards from a majority of employees in this unit and ask that a cross check of employment records is conducted.

Thank you for your attention to our request.

Sincerely,

A handwritten signature in blue ink, appearing to read "Herb Harris", with a large, stylized flourish extending to the right.

Herb Harris
Manager of PERC Activities

OLYMPIA FIELD OFFICE
906 Columbia St. SW, Suite 500
Olympia, WA 98501

SEATTLE FIELD OFFICE
6363 7th Ave. S., Suite 220
Seattle WA, 98108-3407

SPOKANE FIELD OFFICE
222 W. Mission Ave., Suite 201
Spokane, WA 99201-2301

TACOMA FIELD OFFICE
6003 Tacoma Mall Blvd.
Tacoma, WA 98409-6826

MEMBER CONNECTION CENTER: 833-MCC-WFSE (833-622-9373)





REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Dept. of Social and Health Services

Contact Peggy Pulse

Title DSHS Labor Relations Administrator

Address 1115 Washington St. SE

City, State, ZIP Olympia, WA 98504

Phone 360-352-7603 **Ext.** _____

Email margaret.pulse@dshs.wa.gov

PETITIONER Wa. Federation of State Employees

Contact Herb Harris

Title Manager of PERC Activities

Address 1212 Jefferson St. SE Ste. 300

City, State, ZIP Olympia, WA 98501

Phone 360-352-7603 **Ext.** _____

Email herbh@wfse.org

CURRENT BARGAINING REPRESENTATIVE

(If One Exists) _____

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:

See PERC Decision - 12689
Adding one (1) position - Recreational & Athletics Specialist 4 position to the DSHS Institutions Sups BU.

Number of Employees in Existing Unit 300

SECTION 2—Describe the Proposed Bargaining Unit:

Number of Employees in Proposed Unit _____

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

SHOWING OF INTEREST

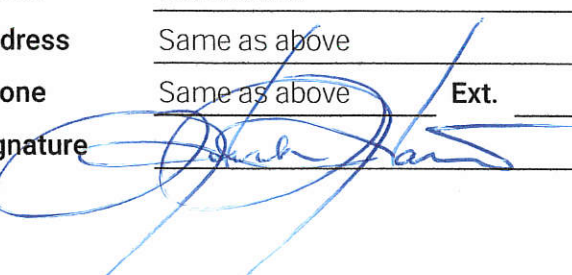
A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

PETITIONER REPRESENTATIVE

Name Herb Harris

Address Same as above

Phone Same as above **Ext.** _____

Signature 

Title Manager of PERC Activities

City, State, ZIP Same as above

Email herbh@wfse.org

Date 11/23/2022

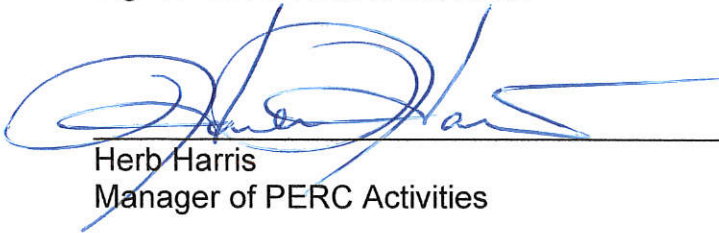
Certificate of Service

Department of Social and Health Services
Self Determination Petition

As per PERC Commission requirements and WAC 391-08-120(4), I, Herb Harris do certify that the following facts regarding servicing of the self-determination petition is true.

On November 23, 2022, I sent via email, I sent a copy of the petition to Peggy Pulse, DSHS/LR and Ann Green, OFM/LRD. To the best of my knowledge and belief these are the representatives of the other parties that would need to be notified to fulfill our obligation under WAC 391-08-120(4).

Signed on November 23, 2022



Herb Harris
Manager of PERC Activities

From: [Herb Harris](#)
To: [PERC, Filing \(PERC\)](#); [OFM mi Labor Relations](#); [Pulse, Peggy \(DSHS/OOS/HRD\)](#)
Cc: [Tim Tharp](#); [Benjamin Peterson](#); [Shannon Madden](#)
Subject: Self-determination DSHS
Date: Wednesday, November 23, 2022 10:19:00 AM
Attachments: Petition.pdf

External Email

Dear PERC,

Please find attached a petition to add the Recreation & Athletics Specialist 4 to the DSHS Institutions supervisory bargaining unit.

I will send a separate email with the showing of interest.

Thank you,

Herb

Herb Harris
WFSE – Manager of PERC Activities
1212 Jefferson St. SE Ste. 300
Olympia, WA 98501
360-352-7603
herbh@wfse.org



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(If One Exists) _____

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Title _____

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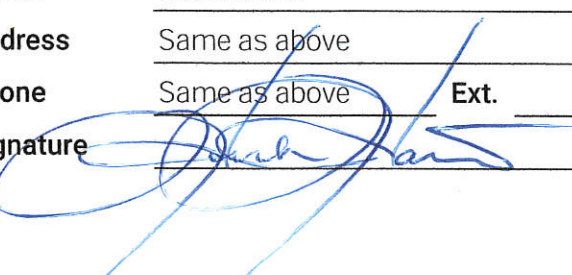
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PETITIONER REPRESENTATIVE

Name Herb Harris

Address Same as above

Phone Same as above **Ext.** _____

Signature 

Title Manager of PERC Activities

City, State, ZIP Same as above

Email herbh@wfse.org

Date 11/23/2022

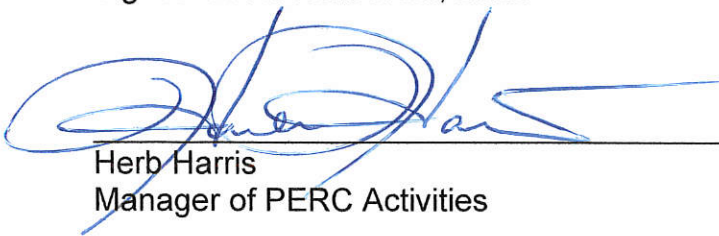
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Herb Harris
Manager of PERC Activities

From: [Herb Harris](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Tim Tharp](#); [Benjamin Peterson](#); [Shannon Madden](#)
Subject: DSHS Recreation and Athletics Specialist 4 Showing of Interest
Date: Wednesday, November 23, 2022 10:21:50 AM
Attachments: [REDACTED].pdf
Petition.pdf

External Email

Dear PERC

Attached is the petition and the interest card for the Recreation and Athletics Specialist 4

Herb Harris
WFSE – Manager of PERC Activities
1212 Jefferson St. SE Ste. 300
Olympia, WA 98501
360-352-7603
herbh@wfse.org