



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Kitsap Public Health District

Contact Karen Holt

Title Human Resources Manager

Address 345 6th St., Suite 300

City, State, ZIP Bremerton, WA 98337

Phone 360-728-2294 **Ext.** _____

Email karen.holt@kitsappublichealth.org

PETITIONER PROTEC17

Contact Jessica Olivas

Title Organizer

Address 2900 Eastlake Ave. E, Suite 300

City, State, ZIP Seattle, WA 98102

Phone 800.783.0017 **Ext.** 122

Email jessica@protec17.org

CURRENT BARGAINING REPRESENTATIVE
(If One Exists) PROTEC17

Contact Brent Wagar

Title Union Representative

Address 2900 Eastlake Ave. E, Suite 300

City, State, Zip Seattle, WA 98102

Phone 800.783.0017 **Ext.** 131

Email brent@protec17.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 employees whose job classifications are included in the Health and Professional Technical Unit, Appendix D, of the attached Collective Bargaining Agreement.

Number of Employees in Existing Unit 32

SECTION 2—Describe the Proposed Bargaining Unit:
PROTEC17 seeks to represent all Epidemiologist 1's and 2's at Kitsap Public Health District, to be accreted into the attached Collective Bargaining Agreement (Health and Professional Technical Unit).

Number of Employees in Proposed Unit 4

If a CBA exists, what is the expiration date? 12/31/24

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 Jessica Olivas

Address 2900 Eastlake Ave. E, Suite 300

Phone 800.783.0017 **Ext.** 122

Signature

Title Organizer

City, State, ZIP Seattle, WA 98102

Email jessica@protec17.org

Date 12/15/22

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

PROTEC17

Case Number

Petitioner/Complainant/Filing Party

v.

Kitsap Public Health District

CERTIFICATE OF SERVICE

Respondent/Responding Party

I certify that I served a copy of this (*title of document*) Representation Petition
on all parties or their counsel of record on (*date*) 12/15/22

To:	Name	Karen Holt		
	Organization	Kitsap Public Health District	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	345 6th St, Suite 300	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Bremerton, WA 98337	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	karen.holt@kitsappublichealth.org		
	Fax	360-813-1468		
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			
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 12/15/11

Print Name Jessica Olivas

Signature 



From: [Jessica Olivas](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Brent Wagar](#); [Paul Marvy](#)
Subject: Representation Petition for Kitsap Public Health District/PROTEC17
Date: Thursday, December 15, 2022 1:20:56 PM
Attachments: Representation Petition-- Kitsap Public Health District.pdf
Certificate of Service-- Kitsap Public Health District.pdf
[REDACTED]
[REDACTED]
[REDACTED]
Kitsap Public Health District CBA.pdf

External Email

Good afternoon,

Please find attached a Representation Petition for Epidemiologist 1's and 2's at Kitsap Public Health District, as well as supporting documents for a showing of interest, and the current PROTEC17 Collective Bargaining Agreement.

Please let me know if you have any questions, and have a wonderful day.

Thank you,

Jessica Olivas

PROTEC17 Organizer

Phone: 800.783.0017 ext. 122

[Email: jessica@pte17.org](mailto:jessica@pte17.org)

Fax: 206-328-7402

PROTEC17 is a member-powered union inspiring action, advancing equity, and building community.