



# REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☒ No If yes, provide the case number: \_\_\_\_\_

**PARTIES** Include information for all parties involved.

**EMPLOYER** Pullman School District  
**Contact** Bob Maxwell  
**Title** Superintendent  
**Address** 240 SE Dexter Street  
**City, State, ZIP** Pullman, WA 99163  
**Phone** 509.332.3581 **Ext.** \_\_\_\_\_  
**Email** rmaxwell@psd267.org

**PETITIONER** Washington Education Association  
**Contact** Julián Quiñónez  
**Title** UniServ Director  
**Address** 230 E. Montgomery Ave  
**City, State, ZIP** Spokane, WA 99207  
**Phone** (619) 324-3246 **Ext.** \_\_\_\_\_  
**Email** JQuinonez@washingtonea.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 391-25-080.
- ☐ **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:**

Number of Employees in Existing Unit \_\_\_\_\_

**SECTION 2—Describe the Proposed Bargaining Unit:**

All regular part-time and full-time administrative assistants, IT staff including but not limited to computer technicians, fiscal technicians, and other clerical staff who work for the Pullman School District office, excluding clerical-aides, building aides, supervisors, confidential employees and all other employees of the employer.

We request that this petition be resolved via cross-check.

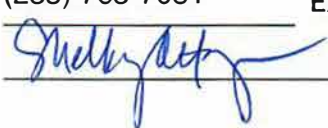
Number of Employees in Proposed Unit 10

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** Shelby A. Hopkins  
**Address** PO Box 9100  
**Phone** (253) 765-7081 **Ext.** \_\_\_\_\_  
**Signature** 

**Title** WEA Staff Attorney  
**City, State, ZIP** Federal Way, WA 98063-9100  
**Email** SHopkins@WashingtonEA.org  
**Date** 6/16/23

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

Washington Education Association

Petitioner/Complainant/Filing Party

v.

Pullman School District

Respondent/Responding Party

Case Number

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this (*title of document*) Representation Petition  
on all parties or their counsel of record on (*date*) 6-16-23

To:	Name	Dr. Bob Maxwell		
	Organization	Pullman School District	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	240 SE Dexter Street	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Pullman, WA 99163	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	rmaxwell@psd267.org		
	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			

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 6-16-23

Print Name Kelly Wishkoski, Paralegal

Signature



**From:** [Kelly Wishkoski \[WA\]](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Cc:** [Shelby Hopkins \[WA\]](#)  
**Subject:** Pullman School District, Washington Education Association: Representation Petition  
**Date:** Friday, June 16, 2023 1:06:11 PM  
**Attachments:** image001.png  
Certificate-of-Service 6-16-23.pdf  
Representation-Petition Pullman 6-16-23.pdf  
cards - showing of interest WEA Pullman.pdf

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External Email

Dear PERC,

Good afternoon. Attached for filing by the WEA please find the following:

1. Representation Petition (1 page PDF);
2. Certificate of Service (1 page PDF); and
3. Showing of Interest Cards (8 pages PDF).

Thank you and please do not hesitate to reach out with questions.

Sincerely,  
Kelly

Kelly Wishkoski, Paralegal  
Office of General Counsel



Washington Education Association  
Direct: (253) 765-7025  
P.O. Box 9100, Federal Way, WA 98063-9100

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**From:** Kelly Wishkoski [WA]  
**Sent:** Friday, June 16, 2023 1:01 PM  
**To:** rmaxwell@psd267.org  
**Cc:** Shelby Hopkins [WA] <SHopkins@WashingtonEA.org>  
**Subject:** Pullman School District, Washington Education Association, Representation Petition

Dear Dr. Maxwell,

Attached please find your copy of the Representation Petition and Certificate of Service which will be filed today with PERC.

Please direct any questions to WEA Attorney, Shelby Hopkins.

Thank you,

Kelly Wishkoski, Paralegal  
Office of General Counsel



Washington Education Association  
Direct: (253) 765-7025  
P.O. Box 9100, Federal Way, WA 98063-9100