



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER WDSHS
Contact Patti Boettcher
Title Labor Relations Manager
Address _____
City, State, ZIP _____
Phone 360-515-6713 Ext. _____
Email boettp1@dshs.wa.gov

PETITIONER Union of Physicians of Washington
Contact Rhonda Fenrich
Title Attorney
Address 405 Lincoln St, Suite 102
City, State, ZIP Eugene, OR 97401
Phone 541-342-7820 Ext. _____
Email rhonda@fglaborlaw.com

CURRENT BARGAINING REPRESENTATIVE

(If One Exists) N/A
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:

All physician and psychiatrists employed by DSHS at Eastern and Western State hospitals

Number of Employees in Existing Unit 50

SECTION 2—Describe the Proposed Bargaining Unit:

All physician and psychiatrists employed by Western And Western State hospitals as well as the physicians and psychiatrists employed at the Olympic Heritage Behavioral Health facility.

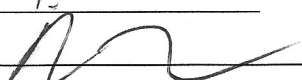
Number of Employees in Proposed Unit 2

If a CBA exists, what is the expiration date? 6/30/25

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 Rhonda Fenrich
Address 405 Lincoln St, Suite 102
Phone 541-342-7820 Ext. _____
Signature 

Title Attorney
City, State, ZIP Eugene, OR 97401
Email rhonda@fglaborlaw.com
Date 9/25/23

CERTIFICATE OF SERVICE

I, Rhonda Fenrich declare that I served a copy of the attached Representation Petition to DSHS Labor Manager Patti Boettcher via email on September 25, 2023.

A handwritten signature in black ink, appearing to be 'RF', written over a horizontal line.

Rhonda Fenrich
Fenrich & Gallagher, PC
405 Lincoln St Suite 102
Eugene, OR 97401
(541)342-7820
rhonda@fglaborlaw.com

From: [Rhonda Fenrich](#)
To: [PERC, Filing \(PERC\)](#); [McMillan, Mischelle \(DSHS/BHA/WSH\)](#)
Subject: UPW UC Petition
Date: Monday, September 25, 2023 2:43:07 PM
Attachments: HPSCAN_20230925213805183_2023-09-25_213938230.pdf

External Email

Hello-

Enclosed for filing is an UC petition by the Union of Physicians of Washington.

Thank you.

Rhonda Fenrich
Fenrich and Gallagher, PC

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From: eprintcenter@hp8.us <eprintcenter@hp8.us>
Sent: Monday, September 25, 2023 2:39:39 PM
To: Rhonda Fenrich <rhonda@fglaborlaw.com>
Subject: Scanned document from HP ePrint user

This email and attachment are sent on behalf of **rhonda@fglaborlaw.com**.

If you do not want to receive this email in future, you may contact **rhonda@fglaborlaw.com** directly or you may consult your email application for spam or junk email filtering options.

Regards,
HP Team