

Is this an amended petition?

Yes

No

REPRESENTATION PETITION

If yes, enter the case number:

	PARTIES	nclude information for all parties involved.	TYPE OF R	EQUEST	Select ONE of the foll	owing.	
	EMPLOYER	DSHS		RECOGNITION to be certified as the representative of employees currently unrepresented. INCLUSION OF UNREPRESENTED EMPLOYEES to have a group of employees added to an existing bargaining			
	Contact	Patti Boettcher					
	Title	Labor Relations Manager	1				
	Address		unit as described in WAC 391-25-440.		ming		
	City, State, ZIP	y, State, ZIP		CHANGE OF REPRESENTATIVE to be certified as the			
	Telephone	360-515-6713 Ext.	representative of employees currently represented by another organization. DECERTIFICATION to no longer be represented by the current organization.				
	Email	boettpl@dshs.wa.gov					
	PETITIONER	Union of Physicians of Washington					
	Contact	Rhonda Fenrich			determination by the		
	Title	Attorney	commission according to WAC 391-25-090. BARGAINING UNIT Department or Division DSHS Number of Employees in Bargaining Unit 50				
	Address	405 Lincoln St. Suite 102					
	City, State, ZIP	Eugene, OR 97401					
	Telephone	541-342-7820 Ext.			rgaining Unit 50 cosed bargaining unit:		
	Email	rhonda@fglaborlaw.com	All physician and psychiatrists employed by DSHS at Western State Hospital, Eastern State Hospital, Olympic Heritage Behavioral Hospital and Lakeland Village.				
	CURRENT BAI	RGAINING REPRESENTATIVE					
	If one exists	N/A	nentage bena	viorai mospili	ai and Lakeland Village.		
	Contact						
	Title						
	Address		Collective Bargaining Agreement (CBA): If one exists, the bargaining unit's most recent collective				
	City, State, ZIP						
	Telephone	Ext			be filed with this petitior 6/30/25	1.	
	Email		CBA Expiration				
	SHOWING	SHOWING OF INTEREST The showing of interest cards are confidential and are filed ONLY with PERC.					
	The petition must be filed with a showing of interest indicating support of at least 30 percent of the employees in the pargaining unit. Showing of interest cards may be submitted electronically, provided the copy is legible.						
	AUTHORIZ	ED CONTACT FOR PETITIONER					
	Name	Rhonda Fenrich	Title	Attorney	22		
	Address	405 Lincoln St., Suite 102	City, State, ZI	City, State, ZIP Eugene, OR 9			
	Telephone	541-342-7820 Ext.	Email rhonda@fglaborlaw.com				
	Signature		Date		12/21/23		
		7 6			Form E-1 (1	/2019)	

From: Rhonda Fenrich

To: PERC, Filing (PERC); McMillan, Mischelle (DSHS/BHA/WSH)

Subject: UPW Lakeland Village UC Petition

Date: Friday, December 22, 2023 10:48:41 AM

Attachments: HPSCAN_20231222170640318_2023-12-22_170814766.pdf

External Email

Enclosed for filing is our petition and showing of interest cards.

Thank you.

Rhonda

Rhonda J. Fenrich Attorney at Law Fenrich & Gallagher, P.C. 405 Lincoln St., Suite 102 Eugene, OR 97401

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rhonda@fglaborlaw.com

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From: eprintcenter@hp8.us <eprintcenter@hp8.us>

Date: Friday, December 22, 2023 at 9:09 AM **To:** Rhonda Fenrich <rhonda@fglaborlaw.com> **Subject:** Scanned document from HP ePrint user

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Regards,

HP Team