



# REPRESENTATION PETITION

Case 138150-E-24

## PARTIES

<b>Employer:</b>	City of Moses Lake	<b>Petitioner:</b>	Union
<b>Filing Party:</b>	Washington State Council of County and City Employees	<b>Petition Type:</b>	Add Unrepresented Employees
<b>Incumbent Union:</b>			

## EXISTING BARGAINING UNIT

**If a collective bargaining agreement (CBA) exists, most recent end date:** 12/31/2024

**Existing Bargaining Unit:** All F/T and P/T employees in Fleet Management, Parks, Sewer, Stormwater/Streets, Water and Building Maint. excluding confidential and clerical and other employees.

**Number of Employees:** 51

## PROPOSED BARGAINING UNIT

**Proposed Bargaining Unit:** All Community Development Department employees excluding supervisory employees as defined by PERC

**Number of Employees:** 16

## PARTY REPRESENTATIVES

Name, Title, and Organization	Contact Information	Representing
Tom Cash Staff Representative WSCCCE, Council 2	PO Box 604 CASHMERE, Washington tomc@council2.com	WSCCCE, Council 2
Shannon Springer HR Director City of Moses Lake	401 S. Balsam Moses Lake, Washington 509-764-3712 sspringer@cityofml.com	City of Moses Lake

## SUBMISSION & SERVICE

**Special requests related to case processing or reasonable accommodation:**

<b>Submitter Name:</b>	Tom Cash	<b>Submitter Email:</b>	tomc@council2.com
<b>Submitter Title:</b>	Staff Representative	<b>Date Submitted:</b>	01/12/2024 at 11:49 AM
<b>System Service:*</b>	Yes		

*\*If yes, the submitter elected to use the system to serve the other parties.*



# REPRESENTATION PETITION

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

## PARTIES Include information for all parties involved.

**EMPLOYER** City of Moses Lake  
**Contact** Shannon Springer  
**Title** HR Director  
**Address** 401 S. Balsam  
**City, State, ZIP** Moses Lake, WA 98837  
**Phone** 509-764-3712 **Ext.** \_\_\_\_\_  
**Email** sspringer@cityofml.com

**PETITIONER** WSCCCE, Council 2  
**Contact** Tom Cash  
**Title** Staff Representative  
**Address** PO Box 604  
**City, State, ZIP** Cashmere, WA 98815  
**Phone** 509-393-5450 **Ext.** \_\_\_\_\_  
**Email** tomc@council2.com

## CURRENT BARGAINING REPRESENTATIVE

**(If One Exists)** WSCCCE, Council 2  
**Contact** Tom Cash  
**Title** Staff Representative  
**Address** PO Box 604  
**City, State, Zip** Cashmere, WA 98815  
**Phone** 509-393-5450 **Ext.** \_\_\_\_\_  
**Email** tomc@council2.com

## 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 full and part-time employees in Fleet Management, Parks, Sewer, Stormwater/Streets, Water and Building Maint. excluding supervisors, confidential and clerical and all other employees.

**Number of Employees in Existing Unit** 51

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

All Community Development Department employees excluding supervisory and confidential employees as defined by PERC.

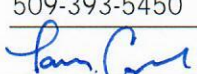
**Number of Employees in Proposed Unit** 16

**If a CBA exists, what is the expiration date?** 12/31/2024

## 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** Tom Cash  
**Address** PO Box 604  
**Phone** 509-393-5450 **Ext.** \_\_\_\_\_  
**Signature** 

**Title** Staff Representative  
**City, State, ZIP** Cashmere, WA 98815  
**Email** tomc@council2.com  
**Date** 1-12-24