

STATE HEADQUARTERS OFFICE

1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501-2332
800-562-6002 • www.wfse.org

February 15, 2024

Michael Sellars, Executive Director
Public Employment Relations Commission
PO Box, WA 98504-0919

Dear Mr. Sellars:

This position is filed under WAC 391-25-440, the Self Determination rule.

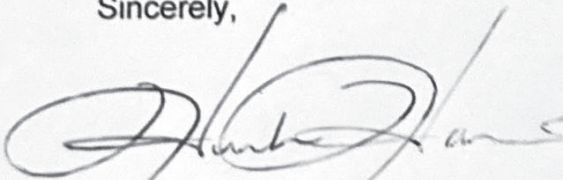
We are hereby filing a request to be certified as the exclusive bargaining representative for certain civil service employees at the Department of Social and Health Services.

We are filing to add the Social and Health Program Consultant 3' & 4's in the ALTSA Administration to the DSHS Economic and Social Services non-supervisory bargaining unit.

Our records show that we have signed authorization cards from a majority of employees in this unit and ask that a cross check of employment records is conducted.

Thank you for your attention to the request.

Sincerely,



Herb Harris
Manager of PERC Activities



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Dept. of Social and Health Services
Contact Peggy Pulse
Title Labor Relations Administrator
Address 1115 Washington St. SE
City, State, ZIP Olympia, WA 98504
Phone 360-352-7603 **Ext.** _____
Email margaret.pulse@dshs.wa.gov

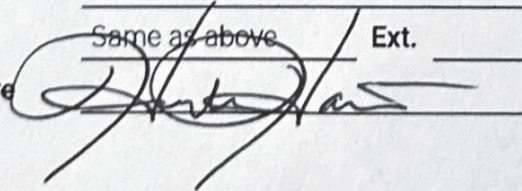
PETITIONER Wash. Federation of State Employees
Contact Herb Harris
Title Manager of PERC Activities
Address 1212 Jefferson St, SE Ste. 300
City, State, ZIP Olympia, WA 98501
Phone 360-352-7603 **Ext.** _____
Email herbh@wfse.org

CURRENT BARGAINING REPRESENTATIVE

(If One Exists) _____

Contact _____
Title _____
Address _____
City, State, Zip _____
Phone _____ **Ext.** _____
Email _____

PETITIONER REPRESENTATIVE

Name Herb Harris
Address Same as above
Phone Same as above **Ext.** _____
Signature 

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:

See PERC decision 13524

Number of Employees in Existing Unit 3500**SECTION 2—Describe the Proposed Bargaining Unit:****Number of Employees in Proposed Unit** _____

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.**

Title Manager of PERC Activities
City, State, ZIP Same as above
Email Same as above
Date 2/15/2024

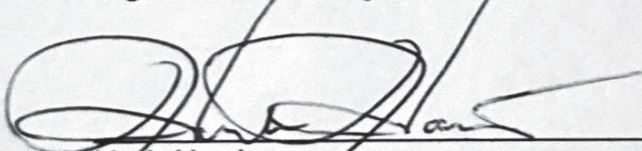
Certificate of Service

Department of Social and Health Services Self Determination Petition

As per PERC Commission requirements and WAC 391-08-120(4), I, Herb Harris do certify that the following facts regarding servicing of the representation petition is true.

On February 15, 2024 I sent via email, a copy of the petition to Peggy Pulse, DSHS/LR and Office of Labor Relations/OFM. To the best of my knowledge and belief these are the representatives of the other parties that would need to be notified to fulfill our obligation under WAC 391-08-120(4).

Signed on February 15, 2024

A handwritten signature in black ink, appearing to read 'Herb Harris', is written over a horizontal line.

Herb Harris
Manager of PERC Activities

From: [Herb Harris](#)
To: [PERC, Filing \(PERC\)](#); [Pulse, Peggy \(DSHS/OOS/HRD\)](#); [OFM mi Labor Relations](#)
Cc: [Tim Tharp](#); [Benjamin Peterson](#); [Shannon Madden](#)
Subject: New Rep Petition
Date: Thursday, February 15, 2024 4:56:18 PM
Attachments: Petiton PDF.pdf

External Email

Dear PERC,

Please find attached a petition to add 15 Social and Health Program Consultant 3's and 4's working in the Adult Protective Services section of ALTSA to the Economic and Social Services non-supervisors bargaining unit.

I will send the showing of interest in a separate email.

Thanks

Herb

Herb Harris
WFSE – Manager of PERC Activities
1212 Jefferson St. SE Ste. 300
Olympia, WA 98501
Cell 360-402-4570
Office 360-352-7603
herbh@wfse.org

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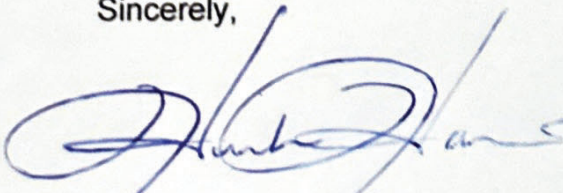
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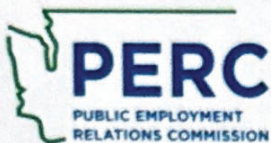
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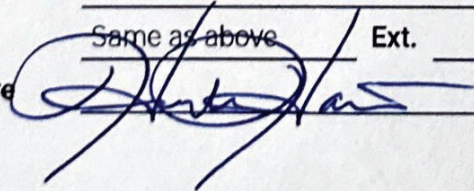
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(If One Exists) _____

Contact _____
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Address _____
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Phone _____ **Ext.** _____
Email _____

PETITIONER REPRESENTATIVE

Name Herb Harris
Address Same as above
Phone Same as above **Ext.** _____
Signature 

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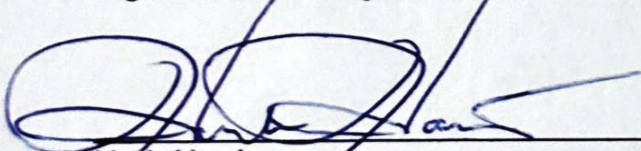
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Herb Harris
Manager of PERC Activities

From: [Herb Harris](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Tim Tharp](#); [Benjamin Peterson](#); [Shannon Madden](#)
Subject: New Rep DSHS showing of interest
Date: Thursday, February 15, 2024 4:59:22 PM
Attachments:

External Email

Dear PERC attached is the showing of interest for the APS-SHPC

Thanks

Herb

Herb Harris

WFSE – Manager of PERC Activities

1212 Jefferson St. SE Ste. 300

Olympia, WA 98501

Cell 360-402-4570

Office 360-352-7603

herbh@wfse.org