



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 Tacoma

Contact Dylan Carlson

Title Labor Relations Division Manager

Address 747 Market St., TMB - 1520

City, State, ZIP Tacoma, WA 98402

Phone 253-306-0765 Ext. _____

Email dcarlson2@cityoftacoma.org

PETITIONER IBEW Local 483

Contact Byron Allen

Title Business Manager

Address 3525 S. Alder St.

City, State, ZIP Tacoma, WA 98409

Phone 253-565-3232 Ext. _____

Email byron@ibew483.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:

The Supervisors' Bargaining Unit is compiled of different types of supervisors throughout the City of Tacoma.

Number of Employees in Existing Unit 18

SECTION 2—Describe the Proposed Bargaining Unit:

The Engineering Support Supervisor position supervises a large department of Engineering Techs of various levels.

Number of Employees in Proposed Unit 1

If a CBA exists, what is the expiration date? 12-31-2025

SHOWING OF INTEREST

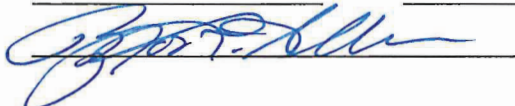
A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

PETITIONER REPRESENTATIVE

Name Byron Allen

Address 3525 S. Alder St.

Phone 253-565-3232 Ext. _____

Signature 

Title Business Manager

City, State, ZIP Tacoma, WA 98409

Email byron@ibew483.org

Date 06-18-24

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

IBEW Local 483

Case Number

Petitioner/Complainant/Filing Party

v.

CERTIFICATE OF SERVICE

City of Tacoma

Respondent/Responding Party

I certify that I served a copy of this *(title of document)* Representation Petition
on all parties or their counsel of record on *(date)* 06/18/24

To:	Name Organization PERC Address PO Box 40919 City, State, ZIP Olympia, WA 98504 Email filing@perc.wa.gov Fax	<input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery	<input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Registered U.S. Mail
To:	Name Dylan Carlson Organization City of Tacoma Address 747 Market St., TMB - 1520 City, State, ZIP Tacoma, WA 98402 Email dcarlson2@cityoftacoma.org Fax	<input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery	<input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Registered U.S. Mail
To:	Name Organization Address City, State, ZIP Email Fax	<input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Hand Delivery	<input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Registered U.S. Mail

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 6/18/24

Print Name Bianne Cornelison

Signature Bianne Cornelison



From: [Rianne Cornelison](#)
To: dcarlson2@cityoftacoma.org
Cc: [PERC, Filing \(PERC\)](#); [Byron Allen](#); [Rose Mitchell](#)
Subject: Representation Petition - City of Tacoma, Engineering Support Supervisor
Date: Tuesday, June 18, 2024 1:43:15 PM
Attachments: 2024-06-18 Representation Petition.pdf
2022-2025 Supervisors Bargaining Unit Entire Current Agreement.pdf
2024-06-18 Certificate of Service.pdf

External Email

Dear Mr. Carlson,

On behalf of Byron Allen, please find attached the Representation Petition for City of Tacoma, Engineering Support Supervisor. Please let us know if you have any questions.

Sincerely,

*Rianne Cornelison, Office Manager
IBEW Local 483
3525 South Alder Street
Tacoma, WA 98409*

*253-565-3232 Phone
253-565-3436 Fax*