



REPRESENTATION PETITION

Case 139170-E-24

PARTIES

Employer: Skagit Regional Health

Petitioner: Union

Filing Party: The Union of American Physicians and Dentists

Petition Type: New Organizing

Incumbent Union:

EXISTING BARGAINING UNIT

If a collective bargaining agreement (CBA) exists, most recent end date:

Existing Bargaining Unit:

Number of Employees:

PROPOSED BARGAINING UNIT

Proposed Bargaining Unit: All full-time, part-time and per diem MD's, DO's, NP's and PA's working as hospitalists at Skagit Valley Hospital and Cascade Valley Hospital who are jointly employed by Skagit Regional Health, et al.

Number of Employees: 42

PARTY REPRESENTATIVES

Name, Title, and Organization	Contact Information	Representing
David Rosenfeld Attorney Weinberg, Roger & Rosenfeld	1375 55th Street Emeryville, California (510) 337-1001 drosenfeld@unioncounsel.net	Union of American Physicians & Dentists
Lisa-Marie Gustafson Senior Employee & Labor Relations Specialists Skagit Regional Health	300 Hospital Parkway Mount Vernon, Washington (360) 814-2133 lgustafson@skagitregionalhealth.org	Employer
Debbie Faulkner VP People Support South Sound Inpatient Physicians, PLLC	1498 Pacific Avenue, Suite 500 Tacoma,, Washington (425) 213-7206 dfaulkner@soundphysicians.com	Employer
Debbie Faulkner VP People Support South Sound Inpatient Physicians, PLLC	1498 Pacific Avenue, Suite 500 Tacoma,, Washington (425) 213-7206	Employer

d/b/a Echo Locums Tenens, Inc

dfaulkner@soundphysicians.com

SUBMISSION & SERVICE

Special requests related to case processing or reasonable accommodation:

Submitter Name: Denise Taylor

Submitter Email: dtaylor@unioncounsel.net

Submitter Title: Legal Secretary

Date Submitted: 06/28/2024 at 1:50 PM

System Service:* 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, enter the case number: _____

PARTIES Include information for all parties involved.

EMPLOYER

Contact _____
Title _____
Address _____
City, State, ZIP _____
Telephone _____ Ext. _____
Email _____

PETITIONER

Contact _____
Title _____
Address _____
City, State, ZIP _____
Telephone _____ Ext. _____
Email _____

CURRENT BARGAINING REPRESENTATIVE

If one exists _____
Contact _____
Title _____
Address _____
City, State, ZIP _____
Telephone _____ Ext. _____
Email _____

TYPE OF REQUEST Select ONE of the following.

- 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 unit as described in WAC 391-25-440.
- CHANGE OF REPRESENTATIVE** to be certified as the representative of employees currently represented by another organization.
- DECERTIFICATION** to no longer be represented by the current organization.
- EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

BARGAINING UNIT

Department or Division _____

Number of Employees in Bargaining Unit _____

Describe the existing or proposed bargaining unit:

Collective Bargaining Agreement (CBA):

If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.

CBA Expiration Date _____

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 bargaining unit. Showing of interest cards may be submitted electronically, provided the copy is legible.

AUTHORIZED CONTACT FOR PETITIONER

Name	_____	Title	_____
Address	_____	City, State, ZIP	_____
Telephone	_____ Ext. _____	Email	_____
Signature	<u>David A. [Signature]</u>	Date	_____

Skagit Regional Health

Lisa-Marie Gustafson
Senior Employee & Labor Relations Specialist
300 Hospital Parkway
Mount Vernon, WA 98274
360-814-2133
LGustafson@skagitregionalhealth.org

**SOUTH SOUND INPATIENT
PHYSICIANS, PLLC.**

Debbie Faulkner
VP people support
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Tacoma, WA 98402
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Dfaulkner@soundphysicians.com

**SOUTH SOUND INPATIENT
PHYSICIANS, PLLC. doing business as
Echo Locums Tenens, INC**

Debbie Faulkner
VP people support
1498 Pacific Avenue, Suite 500
Tacoma, WA 98402
425-213-7206
Dfaulkner@soundphysicians.com

Addresses

Cascade Valley Hospital
330 S. Stillaguamish Avenue
Arlington, WA 98223

Skagit Valley Hospital
300 Hospital Parkway
Mount Vernon, WA 98274

The petitioner

The Union of American Physicians and Dentists

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION STATE OF WASHINGTON

The Union of American Physicians and Dentists

Case Number

Petitioner/Complainant/Filing Party

v.

CERTIFICATE OF SERVICE

Skagit Regional Health, South Sound Inpatient Physicians, PLC; South Sound Inpatient Physicians, PLLC, d/b/a Echo Locums Tenens, Inc.

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*) June 28, 2024

To:	Name Lisa-Marie Gustafson Organization Skagit Regional Health Address 300 Hospital Parkway City, State, ZIP Mount Vernon, WA 98274 Email lgustafson@skagitregionalhealth.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 Debbie Faulkner Organization South Sound Inpatient Physicians, PLLC Address 1498 Pacific Avenue, Suite 500 City, State, ZIP Tacoma, WA 98402 Email dfaulkner@soundphysicians.com 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 Debbie Faulkner Organization South Sound Inpatient Physicians, PLLC d/b/a Echo Locums Tenens, Inc. Address 1498 Pacific Avenue, Suite 500 City, State, ZIP Tacoma, WA 98402 Email dfaulkner@soundphysicians.com 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

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 June 28, 2024

Print Name Denise Taylor



Signature *Denise Taylor*