



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER DSHS

Contact Patti Boettcher

Title Labor Relations Mgr

Address _____

City, State, ZIP _____

Phone _____ Ext. _____

Email patricia.boettcher@dshs.wa.gov

PETITIONER UPW

Contact Rhonda Fenrich

Title attorney

Address 405 Lincoln St. Suite 102

City, State, ZIP Eugene, OR 97401

Phone 5413427820 Ext. _____

Email rhonda@fglaborlaw.com

CURRENT BARGAINING REPRESENTATIVE

(If One Exists) N/A

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:

All physicians and psychiatrists at DSHS BHA and DDA facilities.

Number of Employees in Existing Unit 90

SECTION 2—Describe the Proposed Bargaining Unit:

All physicians, psychiatrists and dentists at DSHS BHA and DDA facilities.

Number of Employees in Proposed Unit 3

If a CBA exists, what is the expiration date? 6/30/25

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 Rhonda Fenrich

Address 405 Lincoln St. Suite 102

Phone 5413427820 Ext. _____

Signature 

Title Attorney

City, State, ZIP Eugene, OR 97401

Email rhonda@fglaborlaw.com

Date 7/30/24

From: [Rhonda Fenrich](#)
To: [PERC, Filing \(PERC\)](#)
Subject: UPW UC petition for adding dentists
Date: Tuesday, August 13, 2024 11:08:03 AM
Attachments: 2024 Union Of Physicians Of Washington Showing Of Interest Card.pdf
coalition request.pdf
HPSCAN_20240801132827351_2024-08-01_132914752.pdf
UPW Union.pdf

External Email

Hello-

For your consideration is a UC petition to add the dentists to the Union of Physicians of Washington.

Thank you.

Rhonda

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