E-1 (10/98)

PUBLIC EMPLOYMENT RELATIONS COMMISSION
Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY
Mail: P.O. BOX 40919 OLYMPIA, WASHINGTON 98504-0919
(360) 753-3444

DO NOT WRITE IN THIS SPACE

RECEIVED
OLYMPIA, WA
NOV - 1 2004
PUBLIC EMPLOYMENT RELATIONS COMMISSION

PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION

[ ] Amended Petition in Case _____-E-____-_____

Instructions: See other side of this form. Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

1. EMPLOYER

City of Issaquah, Washington

CONTACT PERSON
ADDRESS 130 E. Sunset Way
CITY/STATE Issaquah, WA ZIP 98027
TELEPHONE (425) 837-3040 EXT. FAX (425) 837-3029

ATTORNEY or REPRESENTATIVE
ADDRESS
CITY/STATE ZIP
TELEPHONE ( ) EXT. FAX ( )

2. PETITIONER

Issaquah Police Support Services Association

CONTACT PERSON Michael Zuppe
ADDRESS 130 E. Sunset Way
CITY/STATE Issaquah, WA ZIP 98027
TELEPHONE (206) 335-1021 EXT. FAX ( )

ATTORNEY or REPRESENTATIVE Cline & Associates /Attorneys at Law
James M. Cline
ADDRESS 999 Third Ave, Suite 3800
CITY/STATE Seattle, Washington ZIP 98104
TELEPHONE (206) 505-5820 EXT. N/A FAX (206) 505-5821

3. INCUMBENT BARGAINING REPRESENTATIVE Indicate:

[ ] The employees involved are not currently represented for bargaining; or

[X] The employees involved are currently represented by:

ORGANIZATION Public, Professional, & Office-Clerical Employees and Drivers Local Union No. 763
CONTACT PERSON Tim Sullivan
ADDRESS 553 John Street
CITY/STATE Seattle, WA ZIP 98109
TELEPHONE (206) 441-0763 EXT. 232 FAX ( )

ATTORNEY or REPRESENTATIVE
ADDRESS
CITY/STATE ZIP
TELEPHONE ( ) EXT. FAX ( )

4. COLLECTIVE BARGAINING AGREEMENT Indicate:

[ ] There has never been an agreement covering the employees involved; or

[X] A copy of the current (or most recent) agreement is attached.

5. SHOWING OF INTEREST

A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the support of 30% or more of the employees in the bargaining unit.

6. BARGAINING UNIT

a. **EMPLOYER'S PRINCIPAL BUSINESS**
City

b. **DEPARTMENT OR DIVISION INVOLVED**
Police Department

c. **DESCRIPTION OF BARGAINING UNIT** Indicate inclusions/exclusions, contract page or case/decision number:
All non-commissioned employees, full-time and regular part-time, employed by the Employer within the Issaquah Police Department, excluding confidential employees.

d. **NUMBER OF EMPLOYEES IN BARGAINING UNIT** 25

7. DESIGNATION OF REQUEST Indicate:

[ ] RECOGNITION REQUEST. The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.

[X] CHANGE OF REPRESENTATIVE. The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.

[ ] DECERTIFICATION. The employees in the bargaining unit no longer desire to be represented by any employee organization.

[ ] EMPLOYER PETITION - DEMAND FOR RECOGNITION. The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.

[ ] EMPLOYER PETITION - INCUMBENCY QUESTIONED. The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.

8. OTHER RELEVANT FACTS Indicate, if applicable:

[ ] Additional information is set forth on separate sheets attached to this petition form.

9. AUTHORIZED SIGNATURE FOR PETITIONER

NAME (PRINT) James M. Cline
SIGNATURE James M. Cline
TITLE Attorney DATE 10/21/05