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
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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 Okanogan County

CONTACT PERSON: Don Powers, Human Resources
ADDRESS: 123 N. 5th
CITY/STATE: Okanogan, Wa ZIP 98840
TELEPHONE: (509) 422-7104 EXT. ..... FAX (509) 422-7106

ATTORNEY or REPRESENTATIVE: Rocky Jackson, Attorney
ADDRESS: 807 N. 39th Ave
CITY/STATE: Yakima, Wa ZIP 98902
TELEPHONE: (509) 575-0313 EXT. ..... FAX (509) 575-0351

2. PETITIONER Building Dept. Employees (Local 846-B)

CONTACT PERSON: Debra Featherly
ADDRESS: 123 N. 5th - Room #115
CITY/STATE: Okanogan, Wa ZIP 98840
TELEPHONE: (509) 422-7111 EXT. ..... FAX (509) 422-7112

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

3. INCUMBENT BARGAINING REPRESENTATIVE Indicate:

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

[X] The employees involved are currently represented by:

ORGANIZATION: AFL-CIO - AFSCME

CONTACT PERSON: Don Bokford, Union Rep.
ADDRESS: 25 N. Wenatchee Ave Ste. 219
CITY/STATE: Wenatchee, Wa ZIP 98801
TELEPHONE: (509) 663-2753 EXT. ..... FAX (unknown)

ATTORNEY or REPRESENTATIVE: .....
ADDRESS: unknown ZIP .....
CITY/STATE: .....
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: County Government

b. DEPARTMENT OR DIVISION INVOLVED: Building Dept

c. DESCRIPTION OF BARGAINING UNIT Indicate inclusions/exclusions, contract page or case/decision number:

Inclusions
Clerk III
Admin Secretary
Building Inspector
Plans Examiner

Exclusions
Building Official
* See Appendix A-1

d. NUMBER OF EMPLOYEES IN BARGAINING UNIT 3½

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.

[ ] 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.

[X] 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) Debra Featherly
SIGNATURE Debra Featherly
TITLE Admin Secretary DATE 11-02-2004

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facsimile transmittal

To:	Sally Iverson, Public Employment Relations Commission	**Fax:**	360-570-7334
From:	Debra Featherly	**Date:**	11/2/2004
Re:	Petition for decertification	**Pages:**	2
CC:			

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Following is a petition for decertification for our bargaining unit at the Okanogan County Building Depart.

I have sent the original copy of this petition, Showing of Interest Evidence, and a copy of the current Union contract in place Return Receipt Mail in today's mail (11/02/2004)

Please immediately, stamp this Fax sheet and petition received and Fax it back to the number listed below

VERIFICATION OF RECEIPT **(509) 422-7112**

Thank You,

Debra Featherly, Administrative Secretary

Okanogan County Building Dept., 123 North 5th – Room #115, Okanogan, WA 98840

Phone: 509-422-7111