



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Washington State University Tri-Cities
 Contact Theresa Elliot-Cheslek
 Title Vice President and Chief HR Officer
 Address PO Box 641014
 City, State, ZIP Pullman, WA, 99164
 Telephone (509) 335-4521 Ext. _____
 Email telliott@wsu.edu

PETITIONER Teamsters Local No. 839
 Contact Austin DePaolo
 Title Business Representative
 Address 1103 W. Sylvester St.
 City, State, ZIP Pasco, WA, 99301
 Telephone (509) 547-7513 Ext. 13
 Email team839_adepaolo@outlook.com

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

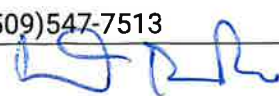
Department or Division _____
Number of Employees in Bargaining Unit 4
Describe the existing or proposed bargaining unit:
 Custodians

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	<u>Austin DePaolo</u>	Title	<u>Business Representative</u>
Address	<u>1103 W Sylvester St.</u>	City, State, ZIP	<u>Pasco, WA, 99301</u>
Telephone	<u>(509) 547-7513</u> Ext. <u>13</u>	Email	<u>team839_adepaolo@outlook.com</u>
Signature	<u></u> <u>8/9/21</u>	Date	<u>August 9, 2021</u>