



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Washington State University

Contact Kendra Hsieh

Title Director of Labor Relations

Address PO Box 641014

City, State, ZIP Pullman, WA 99164-1014

Phone 509-335-4521 **Ext.** _____

Email kfonten@wsu.edu

PETITIONER Wash. Federation of State Employees

Contact Herb Harris

Title Manager of PERC Activities

Address 1212 Jefferson St. SE Ste. 300

City, State, ZIP Olympia, WA 98501

Phone 360-352-7603 **Ext.** _____

Email herbh@wfse.org

CURRENT BARGAINING REPRESENTATIVE

(If One Exists) _____

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:

Number of Employees in Existing Unit _____

SECTION 2—Describe the Proposed Bargaining Unit:

All non-supervisory Health Care providers at WSU Student Health Services. Excluding all other employees.

Number of Employees in Proposed Unit 9

If a CBA exists, what is the expiration date? _____

SHOWING OF INTEREST

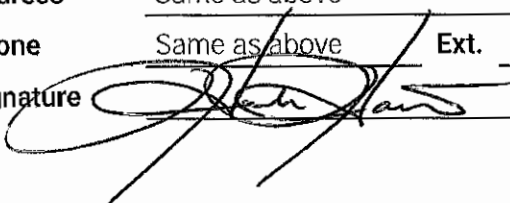
A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

PETITIONER REPRESENTATIVE

Name Herb Harris

Address Same as above

Phone Same as above **Ext.** _____

Signature 

Title Manager of PERC Activities

City, State, ZIP Same as above

Email Same as above

Date 5/23/2023

Representation Petition

Additional Information

The WFSE is filing to represent the Health Care providers at the WSU Student Health Services.

The positions include:

PA-C, Physician Assistant

MD, CAQSM, Physician

ARNP, DNP, Nurse Practitioner

MD, Physician

PA-C Physician Assistant

D.O. CAQSM Physician

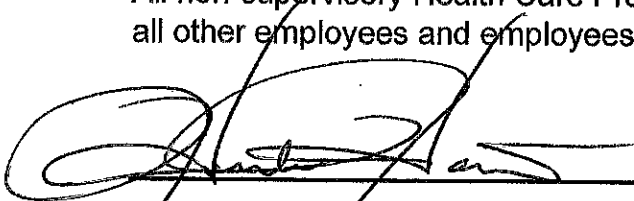
Mid-Level Practitioner

ACNP, Nurse Practitioner

O.D. Optometrist

We are proposing the following bargaining unit description –

All non-supervisory Health Care Providers at WSU Student Health Services. Excluding all other employees and employees in other bargaining units.



Herb Harris
Manager of PERC Activities

5/23/2023

Date

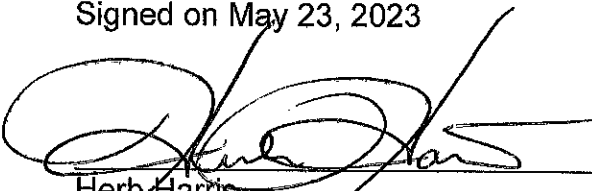
Certificate of Service

Washington State University Representation Petition

As per PERC Commission requirements and WAC 391-08-120(4), I, Herb Harris do certify that the following facts regarding servicing of the representation petition is true.

On May 23, 2023, I sent via email, a copy of the petition to Kendra Hsieh, WSU and to the best of my knowledge and belief this is the representatives of the other parties that would need to be notified to fulfill our obligation under WAC 391-08-120(4).

Signed on May 23, 2023

 5/23/2023
Herb Harris
Manager of PERC Activities



STATE HEADQUARTERS OFFICE

1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501-2332
800-562-6002 • www.wfse.org

May 23, 2023

Michael Sellars, Executive Director
Public Employment Relations Commission
PO Box, WA 98504-0919

Dear Director Sellars:

We are hereby filing a request to be certified as the exclusive bargaining representative for certain civil service employees at Washington State University, Student Health Services.

Our records show that we have signed authorization cards from a majority of employees in this unit and ask that a cross check of employment records is conducted.

Thank you for your attention to the request.

Sincerely,

A handwritten signature in black ink, appearing to read "Herb Harris". The signature is stylized with loops and a long horizontal stroke extending to the right.

Herb Harris
Manager of PERC Activities

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906 Columbia St. SW, Suite 600
Olympia, WA 98501

SEATTLE FIELD OFFICE
6363 7th Ave. S., Suite 220
Seattle WA, 98108-3407

SPOKANE FIELD OFFICE
222 W. Mission Ave., Suite 201
Spokane, WA 99201-2301

TACOMA FIELD OFFICE
6003 Tacoma Mall Blvd.
Tacoma, WA 98409-6826

MEMBER CONNECTION CENTER: 833-MCC-WFSE (833-622-9373)

