



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER EvergreenHealth
 Contact Catherine Nelson
 Title Director, Employee & Labor Relations
 Address 12040 NE 128th St
 City, State, ZIP Kirkland, WA 98034
 Phone 425-899-2501 Ext. _____
 Email canelson@evergreenhealth.org

PETITIONER SEIU Healthcare 1199NW
 Contact Akson Mounlamai
 Title Field Admin Assistant
 Address 19823 58th Place South, Suite 200
 City, State, ZIP Kent, WA 98032
 Phone 425-919-7201 Ext. _____
 Email aksonm@seiu1199nw.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:

Unit certified in decision 11712-B-PECB.

Number of Employees in Existing Unit 930

SECTION 2—Describe the Proposed Bargaining Unit:

Add all full-time, part-time and per diem Transporters to the unit certified in decision 11712-B-PECB.

Number of Employees in Proposed Unit 10

If a CBA exists, what is the expiration date? 8/31/25

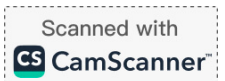
SHOWING OF INTEREST

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 Akson Mounlamai
 Address 19823 58th Place South, Suite 200
 Phone 425-919-7201 Ext. _____
 Signature

Title Field Admin Assistant
 City, State, ZIP Kent, WA 98032
 Email aksonm@seiu1199nw.org
 Date 2/27/25



**BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON**

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

EvergreenHealth

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

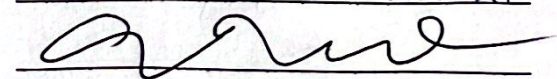
I certify that I served a copy of this *(title of document)* Representation Petition
on all parties or their counsel of record on *(date)* Feb 27, 2025

To:	Name	Catherine Nelson		
	Organization	EvergreenHealth	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	12040 NE 128th St	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Kirkland, WA 98034	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	canelson@evergreenhealth.org		
	Fax	425-899-2510		
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email			
	Fax			
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email			
	Fax			

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted 2/27/25

Print Name Akshon Moulamai

Signature 



Certificate of Service (2019)

From: [Akson Mounlamai](#)
To: [PERC, Filing \(PERC\)](#); [Laurel Webb](#)
Subject: Filing for Patient Transporters at EvergreenHealth - Kirkland
Date: Thursday, February 27, 2025 1:12:09 PM
Attachments: 022825 Representation-Petition-EvergreenHealth Transporters signed.pdf
022725 Certificate-of-Service EvergreenHealth Transporters signed.pdf
EvergreenHealth Kirkland Transporters.pdf
EvergreenHealth Kirkland Transporters Signers.xlsx

External Email

Dear PERC,

Please accept this email as our notification and e-filing for representation for a group of Transporters at EvergreenHealth in Kirkland, WA. Please see attachments including:

- PERC representation petition
- PERC certificate of service notifying the employer
- Signed authorization cards from the interested workers
- List of signers

Our union counsel Laurel Webb is copied on this email. Please copy her on communications. Thank you and we look forward to next steps.

Best,

Akson Mounlamai
SEIU Healthcare 1199NW
Field Admin Assistant – New Organizing
425-919-7201 (cell)
425-917-1199 x. 1389 (desk)
425-917-9707 (fax)
aksonm@seiu1199nw.org

"Don't forget to sync your miniVAN!" (:
"Save virtual trees – stop replying all." ;)

WE HAVE MOVED TO OUR NEW OFFICE

SEIU Healthcare 1199NW

19823 58th Place South, Suite 200

Kent, WA 98032