



# REPRESENTATION PETITION

Case 143158-E-25

## PARTIES

**Employer:** UW Medical Center

**Petitioner:** Union

**Filing Party:** SEIU Healthcare 1199NW

**Petition Type:** New Organizing

**Incumbent  
Union:**

## EXISTING BARGAINING UNIT

**If a collective bargaining agreement (CBA) exists, most recent end date:**

**Existing Bargaining Unit:**

**Number of Employees:**

## PROPOSED BARGAINING UNIT

**Proposed Bargaining Unit:** Create a new bargaining unit for Professional employees and add all full time, part time and per diem Pharmacists at UW Medical Center-Fred Hutchinson Cancer Center.

**Number of Employees:** 80

## PARTY REPRESENTATIVES

Name, Title, and Organization	Contact Information	Representing
Akson Mounlamai Field Admin Assistant SEIU Healthcare 1199NW	19823 58th Place South, Suite 200 Kent, Washington 425-919-7201 aksonm@seiu1199nw.org	SEIU Healthcare 1199NW
Laurel Webb Deputy General Counsel SEIU Healthcare 1199NW	19823 58th Place South, Suite 200 Kent, Washington 425-919-7271 laurelw@seiu1199nw.org	SEIU Healthcare 1199NW
Jade Hersch Assistant Director of Labor Relations UW Medical Center	1959 NE Pacific St Seattle, Washington 206-616-8954 jademcke@uw.edu	UW Medical Center
Steve Fijalka Chief Pharmacy Officer UW Medical Center	1959 NE Pacific St Seattle, Washington 206-598-6060 fijalka@uw.edu	UW Medical Center

## SUBMISSION & SERVICE

**Special requests related to case processing or reasonable accommodation:**

**Submitter Name:** Akson Mounlamai

**Submitter Email:** aksonm@seiu1199nw.org

**Submitter Title:** Field Admin Assistant

**Date Submitted:** 05/21/2025 at 4:30 PM

**System Service:\*** No

*\*If yes, the submitter elected to use the system to serve the other parties.*



# REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☒ No If yes, provide the case number: \_\_\_\_\_

## PARTIES Include information for all parties involved.

**EMPLOYER** UW Medical Center  
**Contact** Jade Hersch  
**Title** Assistant Director of Labor Relations  
**Address** 1959 NE Pacific St  
**City, State, ZIP** Seattle, WA 98195  
**Phone** 206-616-8954 **Ext.** \_\_\_\_\_  
**Email** jademcke@uw.edu

**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 391-25-440.
- ☐ **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:

Create a new bargaining unit for Professional employees and add all full time, part time and per diem Pharmacists at UW Medical Center-Fred Hutchinson Cancer Center.

Number of Employees in Proposed Unit 80

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** 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** 5/21/25

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

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

UW Medical Center

Respondent/Responding Party

Case Number

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this (*title of document*) PERC Representation Petition  
on all parties or their counsel of record on (*date*) May 21, 2025

To:	Name	Jade Hersch			
	Organization	UW Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address	1959 NE Pacific St	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP	Seattle, WA 98195	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email	jademcke@uw.edu			
	Fax				
To:	Name	Steve Fijalka			
	Organization	UW Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address	1959 NE Pacific St	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP	Seattle, WA 98195	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email	fijalka@uw.edu			
	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 5/21/25

Print Name Akshon Manikam

Signature



Certificate of Service (2019)