



# REPRESENTATION PETITION

Case 144024-E-25

## PARTIES

<b>Employer:</b>	EvergreenHealth Kirkland	<b>Petitioner:</b>	Union
<b>Filing Party:</b>	SEIU Healthcare 1199NW	<b>Petition Type:</b>	Add Unrepresented Employees
<b>Incumbent Union:</b>			

## EXISTING BARGAINING UNIT

**If a collective bargaining agreement (CBA) exists, most recent end date:** 09/01/2025

**Existing Bargaining Unit:** Units certified in decision # 136608-E-23. **Number of Employees:** 100

## PROPOSED BARGAINING UNIT

**Proposed Bargaining Unit:** Add full-time, part-time & per diem CHAT & Geriatric Care Social Workers to BUs described in decision # 136608-E-23. **Number of Employees:** 4

## PARTY REPRESENTATIVES

Name, Title, and Organization	Contact Information	Representing
Akson Mounlamai Field Admin Assistant SEIU Healthcare 1199NW	19823 S 58th Pl S, Suite 200 Kent, Washington 425-919-7201 aksonm@seiu1199nw.org	SEIU Healthcare 1199NW
Laurel Webb Deputy General Counsel SEIU Healthcare 1199NW	19823 S 58th Pl S, Suite 200 Kent, Washington 425-919-7271 laurelw@seiu1199nw.org	SEIU Healthcare 1199NW
Catherine Nelson Manager, Employee & Labor Relations EvergreenHealth Kirkland	12040 NE 128th St Kirkland, Washington 425-899-2510 canelson@evergreenhealthcare.org	EvergreenHealth Kirkland
Brianne Burnett Director of Behavioral Health	12040 NE 128th St Kirkland, Washington 425-899-3207 bjburnett@evergreenhealthcare.com	EvergreenHealth Kirkland

Palliative Medicine & Ambulatory  
Behavioral Health  
EvergreenHealth Kirkland

Christy Halcomb  
Practice Manager  
EvergreenHealth Kirkland

12040 NE 128th St  
Kirkland, Washington  
425-899-6818  
cihalcomb@evergreenhealthcare.org

EvergreenHealth  
Kirkland

## SUBMISSION & SERVICE

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

**Submitter Name:** Akson Mounlamai

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

**Submitter Title:** Field Admin Asssistant

**Date Submitted:** 09/26/2025 at 12:26 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** EvergreenHealth Kirkland  
**Contact** Catherine Nelson  
**Title** Manager, Employee & Labor Relations  
**Address** 12040 NE 128th St  
**City, State, ZIP** Kirkland, WA 98034  
**Phone** 425-899-2510 **Ext.** \_\_\_\_\_  
**Email** canelson@evergreenhealthcare.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 391-25-440.
- ☐ **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:**

Units certified in decision # 136608-E-23.

**Number of Employees in Existing Unit** 100

**SECTION 2—Describe the Proposed Bargaining Unit:**

Add full-time, part-time & per diem CHAT & Geriatric Care Social Workers to BUs described in decision # 136608-E-23.

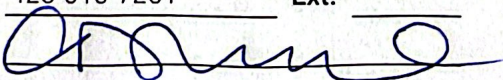
**Number of Employees in Proposed Unit** 4

**If a CBA exists, what is the expiration date?** 9/1/25

**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** 9/26/25

Form E-1 (10/2022)



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

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

EvergreenHealth Kirkland

Respondent/Responding Party

Case Number

**CERTIFICATE OF SERVICE**

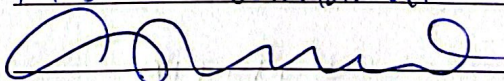
I certify that I served a copy of this (title of document) PERC Representation Petition  
on all parties or their counsel of record on (date) \_\_\_\_\_

To:	Name	Catherine Nelson			
	Organization	EvergreenHealth Kirkland	<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@evergreenhealthcare.org			
	Fax				
To:	Name	Brianne Burnett			
	Organization	EvergreenHealth Kirkland	<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	bjburnett@evergreenhealthcare.org			
	Fax				
To:	Name	Christy Halcomb			
	Organization	EvergreenHealth Kirkland	<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	clhalcomb@evergreenhealthcare.org			
	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 9/26/25

Print Name Akson Mounlamai

Signature 



Certificate of Service (2019)