



# REPRESENTATION PETITION

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

**PARTIES** Include information for all parties involved.**EMPLOYER** Harborview Medical CenterContact Banks EvansTitle Director, UW Labor RelationsAddress 4300 Roosevelt Way NECity, State, ZIP Seattle, WA, 98195Telephone 206-221-4465 Ext. \_\_\_\_\_Email bannkse@uw.edu**PETITIONER** SEIU Healthcare 1199NWContact Nestor GalindoTitle Lead OrganizerAddress 15 S Grady Way, Suite 200City, State, ZIP Renton, WA, 98057Telephone 425-919-4131 Ext. \_\_\_\_\_Email nestorg@seiu1199nw.org**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** See Attached**Number of Employees in Bargaining Unit** See Attached**Describe the existing or proposed bargaining unit:**See Attached**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** 5/30/21**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 Nestor Galindo Title Lead OrganizerAddress 15 S Grady Way, Suite 200 City, State, ZIP Renton, WA, 98057Telephone 425-919-4131 Ext. \_\_\_\_\_ Email nestorg@seiu1199nw.orgSignature  Date 03/08/21

Attachment – Representation Petition  
Harborview Medical Center, Speech Pathologist

**Full Address for Employer:**

UW Labor Relations  
Roosevelt Commons West, Box 354960  
4300 Roosevelt Way NE  
Seattle, WA 98195

**Department or Division:**

Speech Pathology

**Number of Employees in Bargaining Unit:**

21 new and 131 existing

**Description of Existing and Proposed Bargaining Unit:**

Petitioner is seeking inclusion of Speech Pathologist 1 and Speech Pathologist 2 into existing Social Worker and Dietitian Bargaining Unit

**Included:** Full time, regular part-time and on-call/per-diem Dietitian/ Social Work Assistant/Social Worker/ Speech Pathologist

16005 DIETITIAN 1 BC 40

16001 DIETITIAN 2 BC 50

18942 SOCIAL WORK ASSISTANT 2 BC 30

18944, 17885 (NE) SOCIAL WORKER BC 51

16175, 20202 SPEECH PATHOLOGIST SPEC 1

16177 SPEECH PATHOLOGIST SPEC 2

**Excluded:** All other employees, managers, supervisors, confidential employees, and those employees in existing bargaining units

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION  
STATE OF WASHINGTON

Petitioner/Complainant/Filing Party  
v.

Case Number

Respondent/Responding Party

CERTIFICATE OF SERVICE

I certify that I served a copy of this *(title of document)* PERC Certificate of Service  
on all parties or their counsel of record on Mar 8, 2021

To:	<b>Name</b>	Banks Evan	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	<b>Organization</b>	Director, UW Labor Relations	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	<b>Address</b>	4300 Roosevelt Way NE	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	<b>City, State, ZIP</b>	Seattle, WA, 98195		
	<b>Email</b>	bankse@uw.edu		
	<b>Fax</b>	206-616-1081		
	<b>Name</b>		<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	<b>Organization</b>	Washington State PERC	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	<b>Address</b>	PO Box 40919	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	<b>City, State, ZIP</b>	Olympia, WA 98504		
	<b>Email</b>	360-570-7334		
	<b>Fax</b>	filing@perc.wa.gov		
	<b>Name</b>		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	<b>Organization</b>		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	<b>Address</b>		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	<b>City, State, ZIP</b>			
	<b>Email</b>			
	<b>Fax</b>			

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 Mar 8, 2021

Print Name Akson Mounlamai

Signature 

**From:** [Akson Mounlamai](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Cc:** [Nestor Galindo](#)  
**Subject:** Representation Petition for Harborview Speech Pathologists  
**Date:** Monday, March 8, 2021 2:25:42 PM  
**Attachments:** PERC HMC Speech Pathologist Representation Petition 030821.pdf  
Representation Petition Attachment HMC Speech Pathologist 030821.docx  
HMC SPL COS Form.pdf  
**Importance:** High

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External Email

Greetings,

Please see attachments for a petition for recognition, attachment for bargaining unit details and employer information and completed certificate of service form.

Also I tried to attach a zip file of the authorization cards for each individual petitioning employees, however that exceeded the memory size limit for this email. They are PDFs and image files. I was able to upload the authorization cards to the cloud via Drop Box and they are shared and may be downloaded/accessed at this link here:

[REDACTED] I hope that this acceptable and please advise if there is another preferred method to include the cards in this filing.

I am also CC'ing Nestor Galindo, Lead Organizer, with our union in this email.

Thank you and we look forward to the next steps.

Best regards,

Akson Mounlamai  
SEIU Healthcare 1199NW  
*Field Admin Assistant*  
425-919-7201 (cell)  
425-917-1199 x. 1389 (desk)  
425-917-9707 (fax)  
[aksonm@seiu1199nw.org](mailto:aksonm@seiu1199nw.org)