



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 - Montlake
Contact Kristi Aravena
Title Director of Labor Relations
Address 4300 Roosevelt Way NE
City, State, ZIP Seattle, WA 98105
Phone 206-616-0885 **Ext.** _____
Email kristla@uw.edu

PETITIONER Washington State Nurses Association
Contact Ed Zercher
Title WSNA Nurse Representative
Address 575 Andover Park West, Suite 101
City, State, ZIP Seattle, WA 98188
Phone 206-575-7979 **Ext.** _____
Email ezercher@wsna.org

CURRENT BARGAINING REPRESENTATIVE

(If One Exists) Washington State Nurses Association
Contact Ed Zercher
Title WSNA Nurse Representative
Address 575 Andover Park West, Suite 101
City, State, Zip Seattle, WA 98188
Phone 206-575-7979 **Ext.** _____
Email ezercher@wsna.org

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:

All registered nurses employed by University of Washington Medical Center - Montlake as Registered Nurse 2 and Registered Nurse 3

Number of Employees in Existing Unit 1960

SECTION 2—Describe the Proposed Bargaining Unit:

Add all Nurse Care Coordinators employed by University of Washington Medical Center - Montlake to the existing bargaining unit.

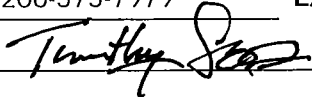
Number of Employees in Proposed Unit 8

If a CBA exists, what is the expiration date? 06/30/2025

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 Timothy Sears
Address 575 Andover Park West, Suite 101
Phone 206-575-7979 **Ext.** _____
Signature 

Title WSNA Senior Counsel
City, State, ZIP Seattle, WA 98188
Email tsears@wsna.org
Date 12/08/2023

Instructions for Filing a Representation Petition

Do not file this page with PERC.

Who Can File a Petition?

The petitioner is the party who files the petition and may be an individual employee or a union. For more detailed information please refer to our website at perc.wa.gov/elections. For applicable rules, visit perc.wa.gov/laws-rules and refer to chapters 10-08, 391-08, and 391-25 WAC.

Filing Time Frame

A petition may be filed at any time if you (1) intend to organize a new bargaining unit or (2) your contract has expired and a new contract has not yet been signed.

A petition to change or remove the representative can only be filed during a 30-day window period, which is determined by the expiration date of the current contract:

- For employees covered by chapter 41.80 RCW, the window period begins 120 days and ends 90 days before the contract expires.
 - For employees covered by all other statutes, the window period begins 90 days and ends 60 days before the contract expires.
 - If PERC has issued a certification, no petition involving the same employees may be filed for 12 months from the date of the certification.
-

Showing of Interest

A showing of interest is individual papers/cards from at least 30 percent of the employees in the bargaining unit. Each card must be signed and dated and clearly state the desired outcome. Example language for the card is as follows:

I want to be represented by [name of union] for the purpose of collective bargaining. OR

I no longer want to be represented by [name of union] for the purpose of collective bargaining.

A sheet of paper with multiple signatures will not be accepted. The showing of interest cards are confidential and should be filed **ONLY** with PERC. Showing of interest cards may be submitted electronically, provided the copy is legible. Do not provide copies of the cards to other parties.

Filing and Service

Documents may be submitted to PERC by email attachment, by fax, by mail, or in person. Email filing is preferred and no paper copies are required.

- Email to filing@perc.wa.gov
- Fax to 360.570.7334
- Mail to PO Box 40919, Olympia WA 98504-0919
- Hand Deliver to 112 Henry St NE, Olympia, WA 98506

Service is required on all parties to the case and is considered complete when the document is received by email, fax, or hand delivery or when the document is put into the mail. A certificate of service is required to show when, how, and on whom the document was served. A certificate of service form can be found at perc.wa.gov/file-a-case.

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

Washington State Nurses Association

Petitioner/Complainant/Filing Party

v.

UW Medical Center - Montlake

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)* December 8, 2023

To:	Name Kristi Aravena		
	Organization UW Medical Center- Montlake	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address 4300 Roosevelt Way NE	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP Seattle, WA 98105	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email kristia@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		

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 December 8, 2023

Print Name Hana Yiu, Paralegal, WSNA

Signature





From: [Hana Yiu](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Timothy Sears](#); [Ed Zercher](#)
Subject: PERC- Representation Petition Filing- WSNA and UW Medical Center -Montlake (NCC)
Date: Friday, December 8, 2023 2:32:58 PM
Attachments: 2023 WSNA UW- Montlake R Peition.pdf
UW Montlake Authorization Cards.pdf

External Email

Good afternoon,

Please find attached the Washington State Nurses Association's representation petition and membership cards. I will follow up with a Certificate of Service to the employer shortly. Thank you.

Sincerely,
Hana Yiu
Paralegal
Washington State Nurses Association

hyiu@wsna.org
206-575-7979, Ext. 3111 (office)
206-573-0319 (mobile)

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From: [Hana Yiu](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Timothy Sears](#)
Subject: Certificate of Service- PERC- Representation Petitions: WSNA and UW Medical Center -Northwest & Montlake (NCC)
Date: Friday, December 8, 2023 2:51:11 PM
Attachments: UW Montlake 2023_Certificate-of-Service.pdf
UW NW 2023-Certificate-of-Service.pdf

External Email

Good afternoon,

Please find attached the Certificates of Service for the petitions at UW Medical Center Northwest & Montlake. Thank you.

Sincerely,
Hana Yiu
Paralegal
Washington State Nurses Association

hyiu@wsna.org
206-575-7979, Ext. 3111 (office)
206-573-0319 (mobile)

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