



# REPRESENTATION PETITION

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

### PARTIES Include information for all parties involved.

**EMPLOYER** UWMC - Northwest Hospital & Clinics

**Contact** Jade Hersch, J.D.

**Title** Labor Relations Negotiator

**Address** 1550 N 115th St

**City, State, ZIP** Seattle, WA 9813

**Phone** 206-616-8954 **Ext.** \_\_\_\_\_

**Email** jademcke@uw.edu

**PETITIONER** SEIU Healthcare 1199NW

**Contact** Akson Mounlamai

**Title** Field Admin

**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:

Petitioning employees to join existing Professional, Technical, Service and Maintenance bargaining unit.

**Number of Employees in Existing Unit** 1800

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

All full-time, part-time and per diem Program Coordinators.

**Number of Employees in Proposed Unit** 3

**If a CBA exists, what is the expiration date?** 2025

### SHOWING OF INTEREST

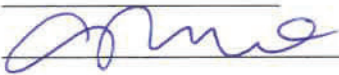
A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

### PETITIONER REPRESENTATIVE

**Name** Akson Mounlamai

**Address** 19823 58th Place South, Suite 200

**Phone** 425-919-7201 **Ext.** \_\_\_\_\_

**Signature** 

**Title** Field Admin

**City, State, ZIP** Kent, WA 98032

**Email** aksonm@seiu1199nw.org

**Date** 7/31/24



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## PETITIONER REPRESENTATIVE

**Name** Akson Mounlamai

**Address** 19823 58th Place South, Suite 200

**Phone** 425-919-7201 **Ext.** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Title** Field Admin

**City, State, ZIP** Kent, WA 98032

**Email** aksonm@seiu1199nw.org

**Date** \_\_\_\_\_

# 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](http://perc.wa.gov/elections). For applicable rules, visit [perc.wa.gov/laws-rules](http://perc.wa.gov/laws-rules) and refer to chapters 10-08, 391-08, and 391-25 WAC.

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## 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.
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## 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.

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## 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](mailto: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](http://perc.wa.gov/file-a-case).

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

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

UWMC - Northwest Hospital & Clinics

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)* Jul 31, 2024

To:	Name	Jade Hersch, J.D.		
	Organization	UWMC - Northwest Hospital	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	1550 N 115th St		
	City, State, ZIP	Seattle, WA 9813	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Email	jademcke@uw.edu	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Fax			
To:	Name	Kristi Schormann		
	Organization	UWMC - Northwest Hospital	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	1550 N 115th St		
	City, State, ZIP	Seattle, WA 9813	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Email	schorka@uw.edu	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Fax			
To:	Name	Ashley Lengyel		
	Organization	UWMC - Northwest Hospital	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	1550 N 115th St		
	City, State, ZIP	Seattle, WA 9813	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Email	alengyel@uw.edu	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	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 7/31/24

Print Name Akson Mounlamai

Signature 



**From:** [Akson Mounlamai](#)  
**To:** [PERC, Filing \(PERC\)](#); [Laurel Webb](#)  
**Subject:** NWH Program Coordinator E-file for representation  
**Date:** Wednesday, July 31, 2024 3:27:12 PM  
**Attachments:** PERC Rep Petition Program Coordinators.pdf  
NWH Staffing Program Coordinators list.xlsx  
signed PERC Rep Petition Program Coordinators.pdf  
signed PERC COS Program Coordinators.pdf

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External Email

Dear PERC,

This email is our notification and e-filing for representation for a small group of Staffing Program Coordinators at UWMC – Northwest Hospital and Clinics in Seattle, WA. They are intending to join the our unit that includes other Professional, Technical, Service and Maintenance union members there. 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*  
425-919-7201  
425-917-9707 (fax)  
[aksonm@seiu1199nw.org](mailto:aksonm@seiu1199nw.org)

**WE HAVE MOVED TO OUR NEW OFFICE**  
**SEIU Healthcare 1199NW**  
**19823 58th Place South, Suite 200**  
**Kent, WA 98032**