



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Olympic Medical Center
Contact Holly Hairell
Title Employee Labor Relations Manager
Address 939 Caroline St
City, State, ZIP Port Angeles, WA 98362
Phone 360-417-7000 **Ext.** _____
Email hhairell@olympicmedical.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 _____

PETITIONER REPRESENTATIVE

Name Akson Mounlamai
Address 19823 58th Place South, Suite 200
Phone 425-919-7201 **Ext.** _____
Signature

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:

Unit certified in decision 12578-PECB
Number of Employees in Existing Unit 242

SECTION 2—Describe the Proposed Bargaining Unit:

Please see attachment.
Number of Employees in Proposed Unit 175

If a CBA exists, what is the expiration date? 2/28/25

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.

Public Healthcare District Number 2 – Addendum to Representation Petition

Bargaining Unit

Section 1—Describe the Existing Bargaining Unit: Number of Employees in Existing Unit

Existing bargaining unit includes: Bakers, Buyes, Case Management Associates, Case Management Associate II, Central Supply Technician, CS Techs, Endo Tech, CNA, Cook, Customer Care Rep, DI Assistants, Document Management Assistant, EVS Worker I and II, ER Tech, Expeditor, Floater, Food Service Worker, Maintenance Worker, Nurse Techs, OR Support Assistant, PCA, Plant Operator, Security Officer, Storekeeper, Storeroom Aide, Surgery Buyer, Observer, Trauma Registrar, Unit Secretary.

Section 2—Describe additions to the new Proposed Bargaining Unit:

Care Navigator, Clinic Medical Records Rep, Clinic Registration Rep, Intake, Medical Assistant, Medical Assistant- Certified, Medical Assistant – Lead, Medical Assistant – Registered, Medical Assistant – Registered Specialty Float, Orthopedic Cast Tech, Patient Care Coordinator, Surgery Coordinator

Number of Employees in Proposed Unit If a CBA exists, what is the expiration date? 242

Expiration Date: February 28, 2025

<https://www.seiu1199nw.org/wp-content/uploads/2022/08/OMC-Service-Dietary-2022-2025.pdf>

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

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

Olympic 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*) 12/18/24

To:	Name	Holly Hairell		
	Organization	Olympic Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	939 Caroline St	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Port Angeles, WA 98362	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	hhairrell@olympicmedical.org		
	Fax			
To:	Name	Heather Delplain		
	Organization	Olympic Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	939 Caroline St	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Port Angeles, WA 98362	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	hdelplain@olympicmedical.org		
	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 12/18/24

Print Name Akson Mounlamai

Signature 



From: [Akson Mounlamai](#)
To: [PERC, Filing \(PERC\)](#); [Laurel Webb](#)
Subject: FW: E-File for Olympic Medica Center group PART 1
Date: Thursday, December 19, 2024 10:57:52 AM
Attachments: 121824 OMC Representation-Petition-E signed.pdf
Olympic RC Petition Addendum .docx
121824 OMC Certificate-of-Service signed.pdf
OMC Auth Cards1.pdf
121824 OMC Signers.xlsx
Importance: High

External Email

Greetings, I received a bounce back email stating that the email I sent yesterday to file was too large. I removed 2 attached documents and will sending those in a follow up email.

Please see below for original email and attachments. Thank you.

--Akson M.

From: Akson Mounlamai
Sent: Wednesday, December 18, 2024 1:44 PM
To: PERC, Filing (PERC) <filing@perc.wa.gov>; Laurel Webb <LaurelW@seiu1199nw.org>
Subject: E-File for Olympic Medica Center group
Importance: High

Seasons greetings PERC,

This email is our notification and e-filing for representation for a group of healthcare workers at various Olympic Medical Center sites throughout Port Angeles and Sequim, WA. Please see attachments including:

- PERC representation petition
- Addendum on bargaining unit & CBA
- PERC certificate of service notifying the employer
- Signed authorization cards from the interested workers (this is broken up into 3 separate PDFs)
- 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.

Cheers,

Akson Mounlamai
SEIU Healthcare 1199NW
Field Admin Assistant
425-919-7201
425-917-9707 (fax)
aksonm@seiu1199nw.org

WE HAVE MOVED TO OUR NEW OFFICE

SEIU Healthcare 1199NW

19823 58th Place South, Suite 200

Kent, WA 98032

From: [Akson Mounlamai](#)
To: [PERC, Filing \(PERC\)](#); [Laurel Webb](#)
Subject: RE: E-File for Olympic Medica Center group PART 2
Date: Thursday, December 19, 2024 10:58:25 AM
Attachments: OMC Auth Cards2.pdf
OMC Auth Cards3.pdf

External Email

Please see attachment for the 2 remaining documents. They are additional authorization cards/showing of interest.

--Akson M.

From: Akson Mounlamai
Sent: Thursday, December 19, 2024 10:56 AM
To: PERC, Filing (PERC) <filing@perc.wa.gov>; Laurel Webb <LaurelW@seiu1199nw.org>
Subject: FW: E-File for Olympic Medica Center group PART 1
Importance: High

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