



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Valley Medical Center

Contact Carrie Youngblood

Title Chief of People & Experience Officer

Address 3915 Talbot Rd

City, State, ZIP Renton, WA 98055

Phone 425-690-3043 **Ext.** _____

Email carrie_youngblood@valleymed.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:

Units certified in Decisions 138998-E-24 PECB & 13732 - PECB

Number of Employees in Existing Unit 950

SECTION 2—Describe the Proposed Bargaining Unit:

Add full-time, part-time & per diem Utilization Management RNs & Utilization Management Assistants to the respective BUs described in the decisions above

Number of Employees in Proposed Unit 6

If a CBA exists, what is the expiration date? 6/30/24

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.**

Title Field Admin Assistant

City, State, ZIP Kent, WA 98032

Email aksonm@seiu1199nw.org

Date 10/7/24

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

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

Valley 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)* Oct 7, 2024

To:	Name	Carrie Youngblood		
	Organization	Valley Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	3915 Talbot Rd	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Renton, WA 98055	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	carrie_youngblood@valleymed.o		
	Fax			
To:	Name	Kim Petram		
	Organization	Valley Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	3915 Talbot Rd	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Renton, WA 98055	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	kim_petram@valleymed.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 _____

Print Name Akson Mounlamai

Signature _____



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

SEIU Healthcare 1199NW

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	City, State, ZIP	Renton, WA 98055	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	carrie_youngblood@valleymed.o		
	Fax			
To:	Name	Kim Petram		
	Organization	Valley Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	3915 Talbot Rd	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Renton, WA 98055	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	kim_petram@valleymed.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 10/7/24

Print Name Akson Mounlamai

Signature 



From: [Akson Mounlamai](#)
To: [PERC, Docketing \(PERC\)](#); [Laurel Webb](#)
Subject: RE: Filing for Utilization Management Employees at VMC
Date: Tuesday, October 8, 2024 9:38:40 AM
Attachments: Representation-Petition VMC Utilization Management signed.pdf

External Email

Apologies, seemed I had attached the COS twice. The E-1 representation petition is now attached. Thank you.

--Akson M.

From: PERC, Docketing (PERC) <docketing@perc.wa.gov>
Sent: Tuesday, October 8, 2024 9:06 AM
To: Akson Mounlamai <aksonm@seiu1199nw.org>
Subject: RE: Filing for Utilization Management Employees at VMC

Good morning Akson,

I don't see that the petition was attached. Can you please resend it?

Thanks,
Terri

From: Akson Mounlamai <aksonm@seiu1199nw.org>
Sent: Monday, October 7, 2024 5:57 PM
To: PERC, Filing (PERC) <filing@perc.wa.gov>; Laurel Webb <LaurelW@seiu1199nw.org>
Subject: Filing for Utilization Management Employees at VMC

External Email

Dear PERC,

This email is our notification and e-filing for representation for a group of Utilization Management employees at Valley Medical Center in Renton, WA. The RN's are intending to join the our RN unit and the Assistant(s) joining the Service and Tech group 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

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: Filing for Utilization Management Employees at VMC
Date: Monday, October 7, 2024 5:58:59 PM
Attachments: COS VMC Utilization Management.pdf
COS VMC Utilization Management signed.pdf
VMC Utilization Management Auth Cards.pdf
Utilization Management Signers.xlsx

External Email

Dear PERC,

This email is our notification and e-filing for representation for a group of Utilization Management employees at Valley Medical Center in Renton, WA. The RN's are intending to join the our RN unit and the Assistant(s) joining the Service and Tech group there.

Please see attachments including:

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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
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