



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 _____

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 Decision 136038-E-22.

Number of Employees in Existing Unit 300

SECTION 2—Describe the Proposed Bargaining Unit:

Add full-time, part-time & per diem Echocardiography Techs & Leads to the BUs described in the Decision 136038-E-22 above.

Number of Employees in Proposed Unit 10

If a CBA exists, what is the expiration date? 6/30/27

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 Assistant

City, State, ZIP Kent, WA 98032

Email aksonm@seiu1199nw.org

Date 3/25/25

**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)* Mar 25, 2025

To:	Name	Carrie Yooungblood		
	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	David Izbicki		
	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	david_izbicki@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 3/25/25

Print Name Akson Mounlamai

Signature




From: [Akson Mounlamai](#)
To: [PERC, Filing \(PERC\)](#); [Laurel Webb](#)
Subject: Filing for Echo Techs at Valley Medical Center - Renton, WA
Date: Tuesday, March 25, 2025 1:33:29 PM
Attachments: 032525 VMC Echo-Cardio Rep Petition signed.pdf
032525 VMC Echo-Cardio COS Signed.pdf
Cardio-Echo Auth Cards.pdf
Cardio-Echo Signers.xlsx

External Email

Good afternoon PERC,

Please accept this email as our notification and e-filing for representation for a group of Echo Techs at Valley Medical Center in Renton, WA. 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. Her contact info is laurelw@seiu1199nw.org and 425-919-7271. Thank you and we look forward to next steps.

Regards,

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