



# 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 Ergonomic Educator & Leads to the BUS described in Decision 136038-E-22.

**Number of Employees in Proposed Unit** 2

**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.** \_\_\_\_\_

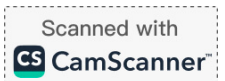
**Signature**

**Title** Field Admin Assistant

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

**Email** aksonm@seiu1199nw.org

**Date** 3/27/25



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 27, 2025

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	Lori Roberson		
	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	lori_roberson@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.

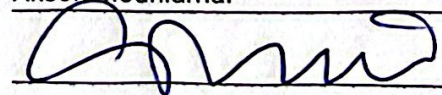
Date signed and submitted

3/27/25

Print Name

Akson Mounlamai

Signature



Certificate of Service (2019)

**From:** [Akson Mounlamai](#)  
**To:** [PERC, Filing \(PERC\)](#); [Laurel Webb](#)  
**Subject:** Filing for Ergonomic Educators at Valley Medical Center - Renton, WA  
**Date:** Thursday, March 27, 2025 2:44:27 PM  
**Attachments:** 032525 VMC Ergo Ed Rep Petition signed.pdf  
032525 VMC Ergo Ed COS signed.pdf  
VMC Ergo Ed Auth Cards.pdf  
VMC Ergonomic Educator Signers.xlsx

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External Email

Dear PERC,

Please accept this email as our notification and e-filing for representation for a small group of Ergonomic Educators 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](mailto:laurelw@seiu1199nw.org) and 425-919-7271. Thank you and we look forward to next steps.

Best regards,

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**