



REPRESENTATION PETITION

Case 143353-E-25

PARTIES

Employer:	Valley Medical Center	Petitioner:	Union
Filing Party:	SEIU Healthcare 1199NW	Petition Type:	Add Unrepresented Employees
Incumbent Union:			

EXISTING BARGAINING UNIT

If a collective bargaining agreement (CBA) exists, most recent end date: 06/30/2027

Existing Bargaining Unit: Unit certified in decision 14132-PECB **Number of Employees:** 310

PROPOSED BARGAINING UNIT

Proposed Bargaining Unit: Add full-time, part-time & per diem Dietitians, Senior Dietitians and Dietetic Techs to the bargaining unit described in decision 14132-PECB. **Number of Employees:** 13

PARTY REPRESENTATIVES

Name, Title, and Organization	Contact Information	Representing
Akson Mounlamai Field Admin Assistant SEIU Healthcare 1199NW	19823 58th Place South, Suite 200 Kent, Washington 425-919-7201 aksonm@seiu1199nw.org	Petitioning Union
Laurel Webb Deputy General Counsel SEIU Healthcare 1199NW	19823 58th Place South, Suite 200 Kent, Washington 425-919-7271 laurelw@seiu1199nw.org	Petitioning Union
Carrie Youngblood Chief of People & Experience Officer Valley Medical Center	3915 Talbot Road Renton, Washington 425-690-3043 carrie_youngblood@valleymed.org	Employer
Gerald Roundy Director of Nutrition Services Valley Medical Center	3915 Talbot Road Renton, Washington gerald_roundy@valleymed.org	Employer

SUBMISSION & SERVICE

Special requests related to case processing or reasonable accommodation:

Submitter Name: Akson Mounlamai

Submitter Email: aksonm@seiu1199nw.org

Submitter Title: Field Admin Assistant

Date Submitted: 07/16/2025 at 12:31 PM

System Service:* Yes

**If yes, the submitter elected to use the system to serve the other parties.*



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:

Unit certified in decision 14132-PECB

Number of Employees in Existing Unit 310

SECTION 2—Describe the Proposed Bargaining Unit:

Add full-time, part-time & per diem Dietitians, Senior Dietitians & Dietetic Techs to the bargaining unit described in decision 14132-PECB above.


Number of Employees in Proposed Unit 13

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 7/16/25



REPRESENTATION PETITION

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CURRENT BARGAINING REPRESENTATIVE

(If One Exists) _____
Contact _____
Title _____
Address _____
City, State, Zip _____
Phone _____ **Ext.** _____
Email _____

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