



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Valley Medical Center
 Contact Katina Maier
 Title SVP, Chief People & Experience Officer
 Address 400 S 43rd St
 City, State, ZIP Renton WA 98055
 Telephone 425-690-3043 Ext. _____
 Email Katina_Maier@Valleymed.org

PETITIONER OPEIU Local 8, AFL-CIO
 Contact Corinne Cosentino
 Title Organizing Director
 Address 2900 Eastlake Ave E, Ste 220
 City, State, ZIP Seattle, WA 98102
 Telephone 425-318-2650 Ext. _____
 Email corinne@opeiu8.org

CURRENT BARGAINING REPRESENTATIVE
 If one exists NA
 Contact _____
 Title _____
 Address _____
 City, State, ZIP _____
 Telephone _____ Ext. _____
 Email _____

TYPE OF REQUEST Select ONE of the following.

- RECOGNITION** to be certified as the representative of employees currently unrepresented.
- INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- CHANGE OF REPRESENTATIVE** to be certified as the representative of employees currently represented by another organization.
- DECERTIFICATION** to no longer be represented by the current organization.
- EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

BARGAINING UNIT

Department or Division Procedure Coordinators
Number of Employees in Bargaining Unit 25 into 435
Describe the existing or proposed bargaining unit:
add "Procedure Coordinator" to "Appendix A" of CBA

Collective Bargaining Agreement (CBA):
 If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.
CBA Expiration Date October 31, 2024

SHOWING OF INTEREST The showing of interest cards are confidential and are filed ONLY with PERC.

The petition must be filed with a showing of interest indicating support of at least 30 percent of the employees in the bargaining unit. Showing of interest cards may be submitted electronically, provided the copy is legible.

AUTHORIZED CONTACT FOR PETITIONER

Name Corinne Cosentino Title Organizing Director
 Address 2900 Eastlake Ave E, Ste 220 City, State, ZIP Seattle, WA 98102
 Telephone 425-318-2650 Ext. _____ Email corinne@opeiu8.org
 Signature Date July 1, 2022

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

OPEIU Local 8, AFL-CIO

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)* Representation Petition
on all parties or their counsel of record on *(date)* July 1, 2022

To:	Name	Katina Maier		
	Organization	Valley Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	400 S 43rd St		
	City, State, ZIP	Seattle WA 98055	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Email	Katina_Maier@valleymed.org	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Fax			
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address			
	City, State, ZIP		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Email		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Fax			
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address			
	City, State, ZIP		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Email		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	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 July 1, 2022

Print Name Corinne Cosentino

Signature 



From: [Corinne Cosentino](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Representation Petition for Inclusion of Unrepresented Employees
Date: Friday, July 1, 2022 8:47:36 AM
Attachments: Representation Petition - VMC Procedure Coordinators.pdf
Certificate of Service - VMC Procedure Coordinators.pdf
VMC Procedure Coordinator Cards.pdf
VMC OPEIU Contract 2021-2024.pdf

External Email

To PERC,

Please find attached a Representation Petition to add Procedure Coordinators to our existing bargaining unit at Valley Medical Center.

Please also find attached the Certificate of Service, Showing of Interest Cards, and Collective Bargaining Agreement for this bargaining unit.

Please let me know if you have any questions or need any additional information from us. I can be reached on my cell at 425-318-2650.

Thank you,

Corinne Cosentino
Organizing Director, OPEIU Local 8
Pronouns: she/her
206-441-8880 x113

