



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Cascade Valley Hospital
 Contact Lisa-Marie Gustafson
 Title SPHR, SHRM-SCP
 Address 330 S Stillquamish Ave
 City, State, ZIP Arlington, WA 98223
 Telephone 360-814-2133 Ext. _____
 Email lgustafson@skagitregionalhealth.org

PETITIONER SEIU Healthcare 1199NW
 Contact Teresa Tobin
 Title New Organizing Co-Director
 Address 15 S Grady Way, Suite 200
 City, State, ZIP Renton, WA 98057
 Telephone 206-465-7465 Ext. _____
 Email teresat@seiu1199nw.org

CURRENT BARGAINING REPRESENTATIVE
 If one exists SEIU Healthcare 1199NW
 Contact Teresa Tobin
 Title New Organizing Co-Director
 Address 15 S Grady Way, Suite 200
 City, State, ZIP Renton, WA 98057
 Telephone 206-465-7465 Ext. _____
 Email teresat@seiu1199nw.org

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 Security and Social Work
Number of Employees in Bargaining Unit 6
Describe the existing or proposed bargaining unit:

Professional, Technical, Skilled Maintenance and Service Employees

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 11/1/22

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 Teresa Tobin Title New Organizing Co-Director
 Address 15 S Grady Way, Suite 200 City, State, ZIP Renton, WA 98057
 Telephone 206-465-7465 Ext. _____ Email teresat@seiu1199nw.org
 Signature Date 8/10/22

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

Cascade Valley Hospital

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 8/10/22

To:	Name	Lisa-Marie Gustafson	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization	Cascade Valley Hospital	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address	330 S Stillquamish Ave	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP	Arlington, WA 98223		
	Email	lgustafson@skagitregionalhealth.c		
	Fax			
	Name	Teresa Tobin	<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization	SEIU Healthcare 1199NW	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address	15 S Grady Way, Suite 200	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP	Renton, WA 98057		
	Email	teresat@seiu1199nw.org		
	Fax	425-917-1199		
	Name		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP			
	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 8/10/22

Print Name Teresa Tobin

Signature 

From: [Akson Mounlamai](#)
To: [PERC, Filing \(PERC\)](#); [Teresa Tobin](#)
Subject: Filing for Inclusion of Unrepresented Employees at CVH
Date: Thursday, August 11, 2022 10:59:20 AM
Attachments: Signed R petition and cos for Cascade Valley 081022 (1).pdf
CVH Cards.pdf
Importance: High

External Email

Greetings PERC,

Please accept this email as our notice to file for representation for a small group of workers at Cascade Valley Hospital (Arlington, WA) where we already represent workers. Please see attachments for all documents including:

1. Signed authorization cards from the interested workers
2. E-1 PERC Representation Petition
3. PERC Certificate of Service

Thank you and we look forward to next steps.

Cheers,

Akson Mounlamai
SEIU Healthcare 1199NW
Field Admin Assistant – New Organizing
425-919-7201 (cell)
425-917-1199 x. 1389 (desk)
425-917-9707 (fax)
aksonm@seiu1199nw.org