



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 Leslie Mackie
Title Sr HR Business Partner
Address 3915 Talbot Rd
City, State, ZIP Renton, WA 98055
Phone 425-690-4182 **Ext.** _____
Email leslie_mackie@valleymed.org

PETITIONER SEIU Healthcare 1199NW
Contact Akson Mounlamai
Title Field Admin Assistant
Address 19823 58th Pl S, 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 _____

PETITIONER REPRESENTATIVE

Name Akson Mounlamai
Address 19823 58th Pl S, Suite 200
Phone Kent, WA 98032 **Ext.** _____
Signature

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 391-25-080.
- ☐ **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:

Decision 12362 - PECB

Number of Employees in Existing Unit 900**SECTION 2—Describe the Proposed Bargaining Unit:**

Add all Full-Time, part-Time and Per Diem Clinical Admin Resource RN to the unit certified in Decision 12362 - PECB

Number of Employees in Proposed Unit 12**If a CBA exists, what is the expiration date?** 6/30/24**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.**

Title Field Admin Assistant
City, State, ZIP Kent, WA 98032
Email aksonm@seiu1199nw.org
Date 1/16/23

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)*
on all parties or their counsel of record on

PERC Representation Petition

Nov 16, 2023


To: Name	Leslie Mackie		
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	leslie_mackie@valleymed.org		
Fax			

Name	Theresa Braungardt@valleymed.or		
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	theresa_braungardt@valleymed.o		
Fax			

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 11/16/23

Print Name Akshon Mounkama
Signature 

From: [Akson Mounlamai](#)
To: [PERC, Filing \(PERC\)](#); [Laurel Webb](#)
Subject: Filing for CAR RN"s at Valley Medical Center
Date: Friday, November 17, 2023 9:10:53 AM
Attachments: 111623 VMC RN PERC.pdf
VMC RN SKM_C750i23111514010.pdf
VMC CAR RN signers.xlsx
Importance: High

External Email

Good morning PERC,

Please accept this email as SEIU Healthcare 1199NW providing the notice for representation for Clinical Administrative Resource (CAR) RN's at Valley Medical Center in Renton, WA. They are intending to join the our unit that includes other RN's there. Please see attachments including:

1. Signed authorization cards from the interested workers
2. List of signers
3. PERC representation petition and PERC certificate of service notifying the employer

Our union counsel Laurel Webb is copied on this email. Please copy her on communications. Thank you and we look forward to next steps.

Warm 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